

P13000092951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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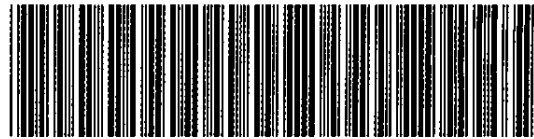
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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gr 11/15/13

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: ARNOLD'S LOUNGE, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: NICOLETTE NIJMAN**

Name (Printed or typed)

**316 PALMS CIR**

Address

**ST. AUGUSTINE, FL 32086**

City, State & Zip

**904-377-4453**

Daytime Telephone number

**TANK5922@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: **ARNOLD'S LOUNGE, INC**

13 NOV 14 PM 1:45

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

**3912 N. PONCE DE LEON BLVD**  
**ST. AUGUSTINE, FL 32084**

Mailing address, if different is:

**316 PALMS CIR**  
**ST. AUGUSTINE, FL 32086**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **RESTAURANT AND LOUNGE**

**ARTICLE IV SHARES** 100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **NICOLETTE NIJMAN, PRESIDENT**

Address: **316 PALMS CIR**  
**ST AUGUSTINE, FL 32086**

Name and Title: **FREDRICK J. NIJMAN, VP**

Address: **316 PALMS CIR**  
**ST AUGUSTINE, FL 32086**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NICOLETTE NIJMAN  
Address: 316 PALMS CIR  
ST AUGUSTINE, FL 32086

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

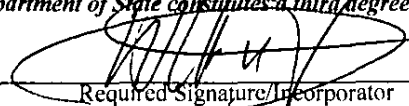
Name: JUN TANKERSLEY  
Address: 2465 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32086

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

11/12/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

11/12/13  
Date

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