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DIVISION OF CORPORATIONS

3/31/14

COVER LETTER

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

SUBJECT: **Nowicki Associates, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Angela Nowicki**

Name (Printed or typed)

213 Montara Dr.

Address

Seffner, FL 33584

City, State & Zip

813-817-1619

Daytime Telephone number

nowicki13@verizon.net

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

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

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: Nowicki Associates, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

213 Montara Dr. Seffner, FL 335847

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Nowicki, President

Name and Title: Angela Nowicki, Secretary

Address 213 Montara Dr.
Seffner, FL 33584

Address: 213 Montara Dr.
Seffner, FL 33584

Name and Title: Anne Bollinger, Treasurer

Name and Title: _____

Address 502 E. Gadsden St.
Pensacola, FL 32501

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: Jeffery Nowicki

Address: 213 Montara Dr.

Seffner, FL 33584

ARTICLE VII INCORPORATOR

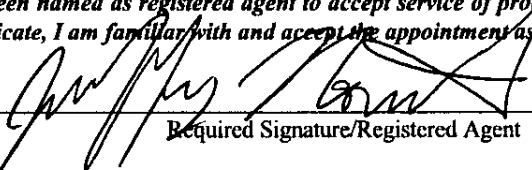
The name and address of the Incorporator is:

Name: Angela Nowicki

Address: 213 Montara Dr.

Seffner, FL 33584

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

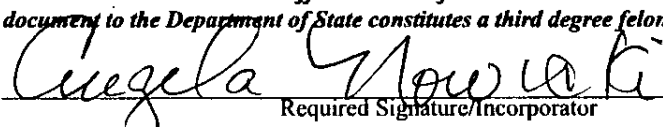


Required Signature/Registered Agent

3/25/2014

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

3/25/2014

Date

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