

PIA000065596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

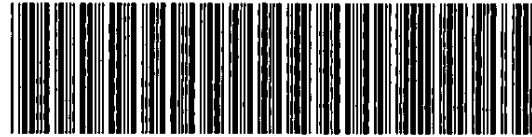
(Business Entity Name)

(Document Number)

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

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08/04/14--01023--005 \*\*70.00

14 AUG -4 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: NOLAN BROTHERS REMODELING, 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: EQUITY ACCOUNTING, INC.  
Name (Printed or typed)

4430 HWY 90 STE H

Address

PACE, FL 32571

City, State & Zip

850-995-8848

Daytime Telephone number

EQUITYACCOUNTING@BELLSOUTH.NET

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

**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)

**ARTICLE I NAME**

The name of the corporation shall be: NOLAN BROTHERS REMODELING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11175 BOUNDARY LINE ROAD  
MILTON, FL 32583

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION MAY ENGAGE IN OR  
TRANSACTION ANY AND ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA,  
OR ANY OTHER STATE, COUNTRY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WILLIAM C NOLAN, PRES.

Address: 11175 BOUNDARY LINE ROAD  
MILTON, FL 32583

Name and Title: JASON P LOWERY, VP. SEC.

Address: 757 WILLIAMS DITCH RD.  
CANTONMENT, FL 32533-8264

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

14 AUG 11 AM 11:23  
STATE OF FLORIDA  
CLERK OF THE COURT

(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: WILLIAM C NOLAN

Address: 11175 BOUNDARY LINE ROAD

MILTON, FL 32583

**ARTICLE VII INCORPORATOR**

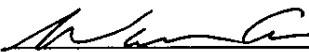
The **name and address** of the Incorporator is:

Name: WILLIAM C NOLAN

Address: 11175 BOUNDARY LINE ROAD

MILTON, FL 32583

*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

7-30-14  
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

7-30-14  
Date

14 AUG -4 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FL 32399-0001