

P/4000095433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

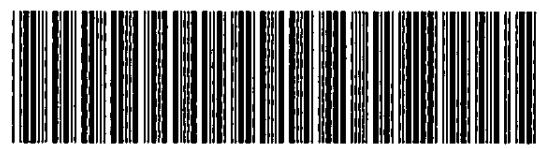
(Business Entity Name)

(Document Number)

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

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11/24/14--01015--008 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 11/26/14

**COVER LETTER**

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

**SUBJECT:** NO FRILLS WAUCHULA, 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:** DONNA BAZZI-HABIB  
Name (Printed or typed)

7733 SCHAEFER ROAD  
Address

DEARBORN, MI 48126  
City, State & Zip

(734) 744-4294  
Daytime Telephone number

donna@hjhlawoffices.com  
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:

NO FRILLS WAUCHULA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

201 ALHAMBRA CIRCLE, STE 1050  
CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

50,000

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

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

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

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

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

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

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

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CLERK OF CIRCUIT  
JAIL AND CLERK  
JAIL AND CLERK

(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: JORDAN DOLLAR  
Address: 201 ALHAMBRA CIRCLE, STE 1050  
CORAL GABLES, FL 33134

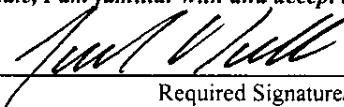
**ARTICLE VII INCORPORATOR**

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

Name: JASON PIVOZ  
Address: 30600 TELEGRAPH RD, STE 1131  
BINGHAM FARMS, MI 48025

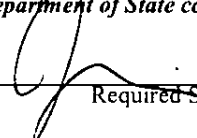
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TALLAHASSEE, FLORIDA

*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

11/14/2014  
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

11/10/14  
Date