

P14000095446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

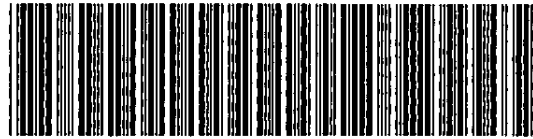
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/14--01015--009 **70.00

APPROVED
AND
FILED

14 NOV 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: NO FRILLS LAKE PLACID, 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.

APPROVED
AND
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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 LAKE PLACID, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

201 ALHAMBRA CIRCLE, STE 1050

CORAL GABLES, FL 33134

Mailing address, if different from principal office address: _____

SECRETARY OF STATE
FLORIDA

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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AND
FILED

(cont.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

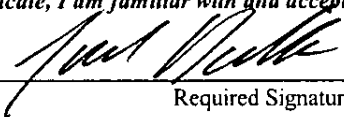
Name: JORDAN DOLLAR
Address: 201 ALHAMBRA CIRCLE, STE 1050
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

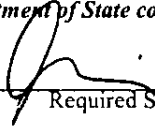
The name and address of the Incorporator is:

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

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

X <u></u>	X <u>11/14/2014</u>
Required Signature/Registered Agent	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.

<u></u>	<u>11/10/14</u>
Required Signature/Incorporator	Date