

P/5000050462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

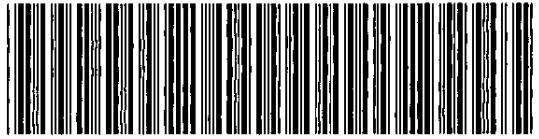
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUN - 8 AM 8:37

R 06/11/15


COVER LETTER

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

SUBJECT: WANDA NICHOLS 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: Michael Ferraro CPA

Name (Printed or typed)

196 E. Nine Mile Rd----- Suite E

Address

Pensacola FL 32534

City, State & Zip

850-475-4100

Daytime Telephone number

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: WANDA NICHOLS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9300 BEATRICE DR APT C

PENSACOLA FL 32514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any business or activity not prohibited by law.

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ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WANDA NICHOLS

Name and Title: President

Address: 9300 BEATRICE DR APT C
PENSACOLA FL 32514

Address:

Name and Title:

Name and Title:

Address:

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: WANDA NICHOLS
Address: 9300 BEATRICE DR APT C
PENSACOLA FL 32514

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WANDA NICHOLS
Address: 9300 BEATRICE DR APT C
PENSACOLA FL 32514

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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 Wanda J Nichols
Required Signature/Registered Agent

6-3-15
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.

X Wanda J Nichols
Required Signature/Incorporator

6-3-15
Date