## P15000055207

(Req	uestor's Name)	)	
(Address)			
(Addi	ress)		
(City/	State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Doce	ıment Number	)	
Certified Copies	Certificate	s of Status	
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06/25/15--01010--012 \*\*78.75

SECRETARY OF STATE





## COVER LETTER

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

SUBJECT: NHL, Inc.		
(PROPOSED CORPORAT	E NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the article	es of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: John Wynn Nguyen Name (	Printed or typed)	<del></del>
7164 Conch Blvd.		
Ac	ldress	
Seminole, FL 33777	tate & Zip	
408-888-3675  Daytime Tel	ephone number	
johnwynn8888@gmail.cor E-mail address: (to be used i	n 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)



	,	· HLED	
ARTICLE I	NHL,Inc.	15 BW 25 -	
The name of the c	orporation shall be:	15 JUN 25 PM 1	4:51
ARTICLE II	PRINCIPAL OFFICE	SECRETAGE	<b>~</b> ;
	Principal street address	Mailing address in different is	ATE
	7164 Conch Blvd.	MADEL FLO	RIDA
-	Seminole, FL 33777		
ARTICLE III	PURPOSE which the corporation is organized is:		
	and other legal purposes		
ARTICLE IV	CUADEC		
	ares of stock is:100 shares par value		
	•		
	INITIAL OFFICERS AND/OR DIRECTO		
		Name and Title:	
Address:	7164 Conch Blvd.		
	Seminole, FL 33777		
Nome and T	Field:	Name and Title:	
Address:	Title.	Address:	
71447055.			-
Nows and 7	Fidla.	Name and Title:	
Name and I	Title:	Address:	
Addicss.			
ADMICI D III	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ted Starr, Esq		
Address:	8181 U.S. Highway 19 North	<del></del>	
	Pinellas Park, FL 33781	<del></del>	
ADDICT E III	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	John Wynn Nguyen,		
Address:	7164 Conch Blvd	<u></u>	
	Seminole, FL 33777	<del></del>	
Haring been were	and auditainteend agent to accept comics of mag	ess for the above stated corporation at the place d	lecionated is
nuving oven nun this certificate X	neg us registered agent to accept service of proc im familjar with and accept the appointment as r	ess for the above stated corporation at the place a registered agent and agree to act in this canacity	esignmen n
1	scx.	6/27	15
t'	Required Signature/Registered Agent	Date	
			<b>4</b> 1 • •
		tre true. I am aware that the false information su	bmitted in a
aocument to the L	Department of State constitutes a third degree fel	•	
\ P.	·	6/18/1	5
- (im	Required Signature/Incorporator	——————————————————————————————————————	<del>,</del>
•	Kequireu Signature/meorporator	· Dat	V
	1		