

PI5000056899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

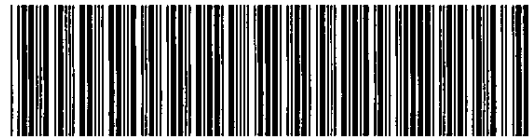
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2015 JUL -2 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL - 8 2015

COVER LETTER

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

SUBJECT: NUCI 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jennifer Anglin
Name (Printed or typed)
5300 Woodlands Blvd
Address
Tamarac, FL 33319
City, State & Zip
954-593-3932
Daytime Telephone number
janglin1211@gmail.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)

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2015 JUL -2 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: NUCI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5300 Woodlands Blvd
Tamarac, FL 33319

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Product line of meat free substitute foods

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Anglin - President

Name and Title: _____

Address 5300 Woodlands Blvd
Tamarac, FL 33319

Address: _____

Name and Title: Carlton Anglin - Vice President

Name and Title: _____

Address 5300 Woodlands Blvd
Tamarac, FL 33319

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jennifer Anglin
Address: 5300 Woodlands Blvd
Tamarac, FL 33319

ARTICLE VII INCORPORATOR

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

Name: Jennifer Anglin
Address: 5300 Woodlands Blvd
Tamarac, FL 33319

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 15, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Jennifer Anglin

Digitally signed by Jennifer Anglin
DN: cn=Jennifer Anglin, o=INC,
email=janglin1211@gmail.com, c=US
Date: 2015.06.16 16:17:22 -0400

Required Signature/Registered Agent

June 15, 2015

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.

Jennifer Anglin

Digitally signed by Jennifer Anglin
DN: cn=Jennifer Anglin, o=INC,
email=janglin1211@gmail.com, c=US
Date: 2015.06.16 16:18:18 -0400

Required Signature/Incorporator

June 15, 2015

Date