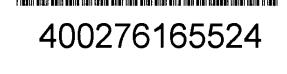
## P15000070329

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
P.				



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## **COVER LETTER**

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

Nonagon Publishing, Inc.

	(PROPOSED CORPORA	ATE NAME - MUST INCL	<u>UDE SUFFIX</u> )		
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation an	d a check for:		
\$70.00 Filing Fee	= · · · · · ·	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM: _	rian Patrick O'Malley	(Painted on timed)			
18	Name (Printed or typed) 1830 Sevilla Blvd APT 310				
	Address				
A	tlantic Beach, FL 32233				
_	City, State & Zip				
90	04-703-9577				
_	Daytime Telephone number				
br	ianomalley1776@gmail.com				
	E-mail address: (to be use	ed 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)

The name of the corporation shall be: Nonagon Publishing, Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address 1830 Sevilla Blvd APT 310	Mailing a	ddress, if different is:
Atlantic Beach, FL 32233		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  to publ	ish works of nonfiction both as p	orint and electronic books.
		IASE SE
ARTICLE IV SHARES  The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		AUS 20 PM 3: 1 AHASSEE, FLORI
Name and Title: Brian Patrick O'Malley, Director 1830 Sevilla Blvd APT 310	Name and Title:	Fr. 2 4.7 1.24
Address Atlantic Beach, FL 32233	Address:	
Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	

Name an	nd Title:	Name and Title:
Address	3	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	Brian Patrick O'Malley	,,
Address:	1830 Sevilla Blvd APT 310	TALL SEC
rium oss.	Atlantic Beach, FL 32233	TAHE TO THE
		AUG 20 AHASSE
ARTICLE VII	<u>INCORPORATOR</u>	CF STATE
The name and a	ddress of the Incorporator is:	ORDE S
Name:	Brian Patrick O'Malley	50
Address:	1830 Sevilla Blvd APT 310	
	Atlantic Beach, FL 32233	
ADTICLE VIII	EEEECTIVE DATE.	
	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective days after the f		cannot be more than five business days prior or 90 business
•	<del>-</del> '	licable statutory filing requirements, this date will not be listed as
	effective date on the Department of State's re-	
		process for the above stated corporation at the place designated t t as registered agent and agree to act in this capacity
	Bollety & St. II	August 17, 2015
	Required Signature/Registered Age	Date
		rin are true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree	ee felony as provided for in s.817.155, F.S.  August 17, 2015
Requ	nired Signature/Incorporator	Date Pagust 17, 2013

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