

P/5000073516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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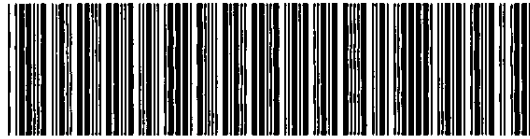
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 31 AM 11:34

09/09/15

COVER LETTER

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

SUBJECT: David Nole Co.

(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: David Nole

Name (Printed or typed)

525 azalea dr. N.W

Address

Port Charlotte, FL. 33952

City, State & Zip

405 370 3808

Daytime Telephone number

davidnole@cox.net

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: David Nole Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

525 azalea dr. N.W

Port Charlotte, Fl. 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clean and repair job sites

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

David Nole

Name and Title:

Address

525 Azalea Dr N.W.
Port Charlotte FL
33952

Address:

Name and Title:

Name and Title:

Address

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: Belinda Von Gillem
Address: 525 azalea dr. N.W.
Port Charlotte, FL. 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Nole
Address: 525 azalea dr. N.W
Port Charlotte, FL. 33952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Belinda Von Gillem
Required Signature/Registered Agent

8/26/15
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.

David Nole
Required Signature/Incorporator

8/26/2015
Date

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