

P16000007445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

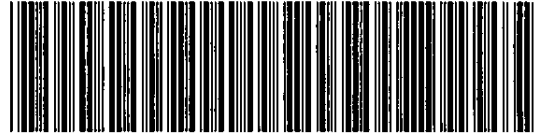
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/15--01025--001 **87.50

W15-80032

RECEIVED
TALLAHASSEE, FLORIDA

16 JAN 25 PM 1:50

FILED

01-27-16

COVER LETTER

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

SUBJECT: NOLA, 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: RENE MESA

Name (Printed or typed)

300 S.W. 38 CT

Address

MIAMI, FL 33134

City, State & Zip

305-744-6134

Daytime Telephone number

lanolasco@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2015

RENE MESA
300 SW 38 CT
MIAMI, FL 33134

SUBJECT: NOLA, INC.
Ref. Number: W15000080032

We have received your document for NOLA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 015A00026007

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16 JAN 25 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NOLA, Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 S.W. 38 CT

P.O. 14-1735

MIAMI, FL 33134

Coral Gables, FL 33114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS.

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16 JAN 25 PM 4:50
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CATHERINE NOLASCO, President

Name and Title: RENE MESA, Vice President

Address: P.O. 14-1735

Address: 300 S.W. 38 CT

Coral Gables, FL 33114

MIAMI, FL 33134

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: RENE MESA
Address: 300 S.W. 38 CT
MIAMI, FL 33134

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16 JAN 25 PM 4:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: RENE MESA
Address: 300 S.W. 38 CT
MIAMI, FL 33134

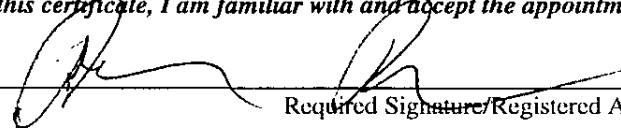
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/03/2015 (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

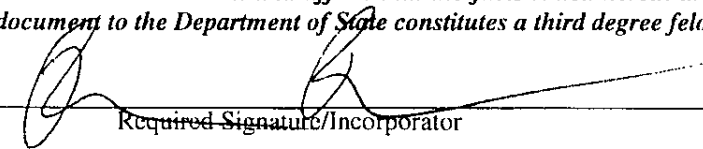


Required Signature/Registered Agent

1-16-16

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.



Required Signature/Incorporator

1-16-16

Date