

P/60000399/6

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APR 23 2016  
14h

05/09/16

## COVER LETTER

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

**SUBJECT:** Nooch's Deli 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

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

**FROM:** THOMAS IANNUCCI

Name (Printed or typed)

106 LAKE LINK CIRCLE SE

Address

WINTER HAVEN, FL 33884-1046

City, State & Zip

561-307-1172

Daytime Telephone number

stillteachable@gmail.com

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

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

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
15 JUL 29 PM 2:44

**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: Nooch's Deli Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5999 DUNDEE RD. UNIT 450

WINTER HAVEN FL 33884

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OPEN A SMALL DELICATESSEN IN THE WINTER HAVEN AREA  
AND TO PROVIDE FRESH WHOLESOME HOMEMADE FOODS TO OUR LOCAL PATRONS

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: THOMAS IANNUCCI

Name and Title: PRESIDENT

Address 106 LAKE LINK CIRCLE SE

Address: \_\_\_\_\_

WINTER HAVEN FL 33884-1046

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: THOMAS IANNUCCI  
Address: 106 LAKE LINK CIRCLE SE  
WINTER HAVEN FL 33884-1046

**ARTICLE VII INCORPORATOR**

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

Name: THOMAS IANNUCCI  
Address: 106 LAKE LINK CIRCLE SE  
WINTER HAVEN FL 33884-1046

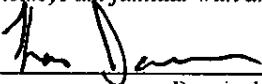
**ARTICLE VIII EFFECTIVE DATE:**

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.)

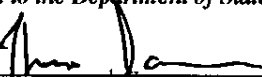
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4/26/2016  
\_\_\_\_\_  
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

4/26/2016  
\_\_\_\_\_  
Date

FILED  
DEPARTMENT OF STATE  
OFFICE OF REGISTRAR  
16 APR 29 PM 2:44