

P/B 000047844

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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OFFICE OF STATE
REGISTRATION
16/05/25 PM 1:10

06/02/16

COVER LETTER

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

SUBJECT: NicoComm Incorporated

(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: Ralph Napolitano

Name (Printed or typed)

522 Winding Hollow Ave

Address

Ocoee, FL 34761

City, State & Zip

630-461-7545

Daytime Telephone number

ralph@nicocomm.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)

ARTICLE I NAME

The name of the corporation shall be: NicoComm Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

522 Winding Hollow Ave

Ocoee, FL 34761

Mailing address, if different is:

PO Box 241

Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the organization is to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph Napolitano, Chief Executive Officer

Address: 522 Winding Hollow Ave

Ocoee, FL 34761

Name and Title: Caryn Napolitano, Treasurer

Address: 522 Winding Hollow Ave

Ocoee, FL 34761

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
16 MAR 25 PM 1:10
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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: Caryn Napolitano
Address: 522 Winding Hollow Ave
Ocoee, FL 34761

FILED
STATE OF FLORIDA
CLERK OF THE COURT
MAY 25 PM 1:10
2016

ARTICLE VII INCORPORATOR

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

Name: Caryn Napolitano
Address: 522 Winding Hollow Ave
Ocoee, FL 34761

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

Caryn Napolitano

Required Signature/Registered Agent

5/23/2016

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.

Caryn Napolitano

Required Signature/Incorporator

5/23/16

Date