

P/6 000092044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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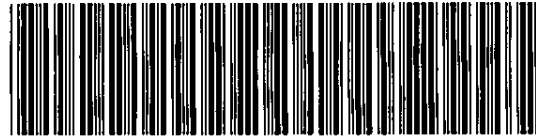
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Norad E of Tallahassee, 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: Emad Girguis & Nadia Kolt
Name (Printed or typed)

8243 Chorrington Forest Blvd
Address

Tallahassee FL. 32312
City, State & Zip

850-345-0830
Daytime Telephone number

menagirguis@gmail.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: N and E of Tallahassee Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8243 Charrington Forest
Bld. Tallahassee FL.
32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal restaurant Business

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emad Girguis president Name and Title: Nadia Katta Vice president
Address: 8243 Charrington Forest Blvd Address: 8243 Charrington Forest Blvd
Tallahassee FL. 32312 Tallahassee FL. 32312

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: Mena Girgus

Address: 8243 Charrington Forest
Blvd. Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mena Girgus

Address: 8243 Charrington Forest
Blvd. Tallahassee FL 32312

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FLORIDA
STATE

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

11/18/16
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

11/18/16
Date