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(Requestor's Name)			
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(Ad	dress)		
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(Document Number)			
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T. BURCH MAY 5 2017

COVER LETTER

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

SUBJECT: NAME NELLY CORPORATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Norma C. Wheeler

Name (printed or typed)

12808 Gran Bay Parkway West

Address

Jacksonville, FL 32258

City, State & Zip

904-251-6558

Daytime Telephone Number

nwheeler@web.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Norma C. W	'heeler	Manager, Paralegal
	(Name)	(Title)
of NAME NELLY CORPOR		a foreign corporation,
(Corporati in accordance with s. 607.1801, F	•	nereby certify:
1. The date on which corporation	n was first formed was	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The jurisdiction where the ab-	•	n was first formed, incorporated, or otherwise
3. The name of the corporation is was NAME NELLY COR	• •	ne filing of this Certificate of Domestication
4. The name of the corporation,	as set forth in its artic	les of incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with NAME NELLY CORPC		
	tion, or any other equi	al, or principal place of business or central valent jurisdiction under applicable law, comestication was
6. Attached are Florida articles of to s. 607.1801.	of incorporation to cor	nplete the domestication requirements pursuant
I am MANAGER, of N	AME NELLY COF	RPORATION
and am authorized to sign this Co so this the 24TH day of APRIL	ertificate of Domestica	ition on behalf of the corporation and have done , 2017 .
Articles of I	Filing Food	\$ 50.00

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

NAME NELLY CORPORATION

ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address			
12808 GRAN BAY PARKWAY WEST	SAME			
JACKSONVILLE, FL 32258				_
		·		_
ARTICLE III PURPOSE			17 HAY -	ធារ
THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZA	ED:	新山	+	剪厂
DOMAIN REGISTRAR			P	
			**	
		SECTION SECTION	<u> </u>	
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		•		
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ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name PRESIDENT/DAVID L. BROWN	Title/Name VICE PRESIDENT AND TREASURER/KEVIN M. CARNEY			
12808 GRAN BAY PARKWAY WEST	12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258			
JACKSONVILLE, FL 32258				
Title/Name	Title/Name			
CHIEF LEGAL OFFICER AND SECRETARY/MATTHEW P. MCCLURE				
12808 GRAN BAY PARKWAY WEST	AY THE STATE OF TH			
JACKSONVILLE, FL 32258				
Title/Name	Title/Name			
Title/Name	Title/Name			
i ide/ivante				

INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee FL 32301 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: NORMA C. WHEELER 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 HAVING BEEN NAMED AS REGISTERED AGENT AND 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. Harry B. Davis Asst. Vice President 4-25-2017