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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nar	m e)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



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COVER LETTER

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

SUBJECT: Nick James Inc.

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

FEES:

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Certificate of Domestication	\$	50.00
Articles of Incorporation and Certified Copy	<u>\$</u>	<u>78.75</u>
Total to domesticate and file	\$1	28.75

OPTIONAL:

Certificate of Status	\$	8.75
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Nicholas Scarpello

Name (printed or typed)

9545 Zorn St.

Address

Port Charlotte FL 33981

City, State & Zip

331-226-6006

Daytime Telephone Number

Cheryl@Reuteraccountingtax.net

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

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Nicholas Scarpello	President	
	(Name)	(Title)	
of	Nick James, Inc.	a fore	eign corporation.
in a	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does here	by certify:	
١.	The date on which corporation was first formed was	March 3,	2017
2.	The jurisdiction where the above named corporation w came into being was State of Illinois	as first formed, incorporal	ed, or otherwise
3.	The name of the corporation immediately prior to the f was Nick James, Inc.	iling of this Certificate of	Domestication
4.	The name of the corporation, as set forth in its articles s. 607.0202 and 607.0401 with this certificate is	•	ed pursuant to
5.	The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivale immediately before the filing of the Certificate of Dom the State of Illinois	nt jurisdiction under appl	
	Attached are Florida articles of incorporation to compl- to s. 607.1801.	ete the domestication requ	iirements pursuant
La	m Nicholas Scarpello of Nick James, Inc.		
and	am authorized to sign this Certificate of Domestication	on behalf of the corporat	tion and have done
so	this the <u>6</u> day of <u>Jucy</u>		2018
	Men Acarda (Authorized Signa	ture)	18 JUL I SECRETA
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certif Total to domesticate and file	S 50.00 ied Copy <u>S 78.75</u> S128.75	ILED II PHI2:17 SEE.FLORIDA SEE.FLORIDA

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Nick James, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address

9545 Zorn St

Port Charlotte, FL 33981

Mailing Address

9545 Zorn St.

Port Charlotte, FL 33981

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all business purpose.

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ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 500

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

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

• •

Title/Name	Title/Name	
President, Nicholas J Scarpello		
9545 Zorn St.		
Port Charlotte, FL 33981		
Title/Name	Title/Name	
Title/Name	Title/Name	
Title/Name	Title/Name	
		ر

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Nicholas J Scarpello

9545 Zorn St.

Port Charlotte FL 33981

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Nicholas J Scarpello

9545 Zorn St.

Port Charlotte FL 33981

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.

Signature/Registered Agent

Signature (on corporator

Date

<u>76-18</u> Date

