P19000088082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☑ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: NONA MED-SPA 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: Winston Bold
Name (Printed or typed)

10411 Moss Park Road Suite [redacted]
Address

Orlando, FL 32832
City, State & Zip

813-510-0673
Daytime Telephone number

LITOIPLAW4@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: NONA Med-SPA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10411 MOSS PARK Road Suite A-1
Orlando FL. 32832

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All Business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Winston Bold P.
Address: 10411 MOSS Park Rd
Suite [redacted]
Orlando, FL 32832

Name and Title: TAMARA C. Bold Queiroz VP
Address: 10411 MOSS Park Rd
Suite A-1
Orlando, FL 32832

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FL

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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: Angel Roman

Address: 203 S. Clyde Ave
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

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

Name: Winston Bold

Address: 10411 Moss Park Rd - Suite A-1
Orlando, FL 32832

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/02/19 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

_____ 12/02/19

Required Signature/Registered Agent 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.

_____ 12/02/19

Required Signature/Incorporator Date