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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: nomadkz333@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NOMAD TRUST, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: NOMAD TRUST, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AZAT ZEINLILOV
Name (Printed or typed)

3000 S OCAEN DRIVE, APT 606

Address

HOLLYWOOD, FL 33019

City, State & Zip

(305)590-1903

Daytime Telephone number

NOMADKZ333@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 NAMEThe name of the corporation shall be: NOMAD TRUST, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3000 S OCAEN DRIVE, APT 606
HOLLYWOOD, FL 330193000 S OCAEN DRIVE, APT 606
HOLLYWOOD, FL 33019**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AZAT ZEINLILOV - P

Name and Title: _____

Address 3000 S OCAEN DRIVE, APT 606 Address: _____HOLLYWOOD, FL 33019

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALABAMA
SECRETARY OF STATE

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: AZAT ZEINLILOV
Address: 3000 S OCAEN DRIVE, APT 606
HOLLYWOOD, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AZAT ZEINLILOV
Address: 3000 S OCAEN DRIVE, APT 606
HOLLYWOOD, FL 33019

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 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

Azat Zeinilov 11/18/2020
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.

Azat Zeinilov 11/18/2020
Required Signature/Incorporator Date