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WILLIAM J. ROBERTS
 Requestor's Name
 217 South Adams Street
 Address
 Tallahassee, FL 32301 224-5169
 City/State/Zip Phone #

20000001 20040828
 -07/25/96--0100--014
 ***122.50 ***122.50
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Nonadis, Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
 96 JUL 25 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

96 JUL 25 PM 2:05
 OFFICE OF COMMERCE

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials	
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Ralph A. Richardson

Attorney at Law

27725 Old #1 Road (Suite 104)

Orlando Springs, Florida 33923

Telephone (941) 992-2631

Fax (941) 992-0723

July 24, 1996

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: NONADIS, INC.

Dear Sir / Madam:

Please find enclosed herewith an original and one (1) copy of the Articles of Incorporation for the above referenced corporation together with the Certificate of Designation and Acceptance of the Registered Agent.

Additionally, I am enclosing a check in the amount of \$122.50 for the following expenses:

Filing Fee:	\$35.00
Certified Copy:	52.50
Resident Agent Designation:	<u>35.00</u>

TOTAL: \$122.50

If everything meets with your approval, please return the certified copy to this office.

Sincerely,

Ralph A. Richardson

RALPH A. RICHARDSON

RAR/lss

3161.6782

Enclosures

ARTICLES OF INCORPORATION

OF

NONADIS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

NONADIS, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Principal Office

12650 Buttonbush Place
Bonita Springs, FL 34135

Mailing Address

12650 Buttonbush Place
Bonita Springs, FL 34135

ARTICLE III - CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 100 shares of common stock having a par value of \$100.00 per share.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation shall be 12650 Buttonbush Place, Bonita Springs, Florida 34135 and the initial registered agent of this Corporation at such office shall be THOMAS ROMANELLI, who upon accepting this designation agrees to comply with the provisions of Section 48.091 Florida Statutes as amended from time to time, with respect to keeping an office open for service of process.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two members. The number of Directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of Directors be less than two (2) nor more than three (3). The names and addresses of the Directors constituting the initial Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
THOMAS ROMANELLI	12663 Buttonbush Place Bonita Springs, FL 34134
GERALD G. POLISKY	12650 Buttonbush Place Bonita Springs, FL 34134

ARTICLE VI - INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:


THOMAS ROMANELLI	12663 Buttonbush Place Bonita Springs, FL 34134
GERALD G. POLISKY	12650 Buttonbush Place Bonita Springs, FL 34134

ARTICLE VII - AMENDMENTS

The power to adopt, alter, amend or repeal the Articles of Incorporation of this Corporation shall be vested in the Board of Directors by a majority vote.

IN WITNESS WHEREOF, the undersigned Incorporators have executed these Articles of Incorporation in the State of Florida, this 24th day of July, 1996.


THOMAS ROMANELLI
Incorporator


GERALD G. POLISKY
Incorporator

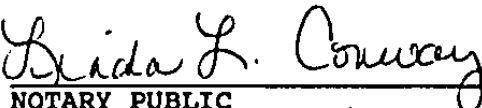
STATE OF FLORIDA
COUNTY OF LEE

The foregoing Articles of Incorporation of NONADIS, INC. were acknowledged before me this 24th day of July, 1996 by THOMAS ROMANELLI and GERALD G. POLISKY,

[☒] who is personally known to me and/or

[☐] who has produced _____
as identification

and who did not take an oath.


NOTARY PUBLIC
LINDA L. CONWAY (Seal)

My commission expires:



LINDA L. CONWAY
MY COMMISSION # 00407327 EXPIRES
November 18, 1998
PROD THRU TRY FARM INSURANCE, INC.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating their registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

NONADIS, INC.

2. The name and address of the registered agent and office is:

THOMAS ROMANELLI
12650 Buttonbush Place
Bonita Springs, FL 34135

July 24, 1996

SIGNATURE: 

THOMAS ROMANELLI
Incorporator

SIGNATURE: 

GERALD G. POLISKY
Incorporator

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

July 24, 1996

SIGNATURE: 

THOMAS ROMANELLI