

PO9000057746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

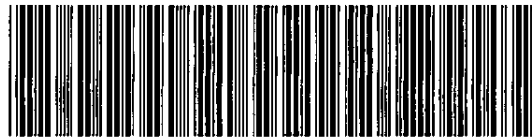
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Certified Copies _____

Certificates of Status _____

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FILED
09 JUL -6 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 7/7/09

COVER LETTER

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

SUBJECT: NORMAN SEBALD 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rita M. Scacchia
Name (Printed or typed)

Brody Wilkinson PC, 2507 Post Road
Address

Southport, CT 06890
City, State & Zip

203-319-7100
Daytime Telephone number

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: **NORMAN SEBALD INC.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Norman Sebald Inc., c/o Gerard Norman, 68 Beecher Road, Woodbridge, CT 06525

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any act or activity for which corporations may be formed under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gerard Norman, 68 Beecher Road, Woodbridge, CT 06525, President, Treasurer, Director

Jonathan Norman, 800 East Camino Real, Unit 407, Boca Raton, FL 33432, Secretary, Director

Brandon Sebald, 888 S Douglas Road, #1014, Coral Gables, FL 33134, Vice Pres., Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Jonathan Norman, 800 East Camino Real, Unit 407, Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

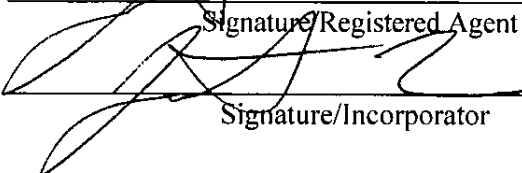
The name and address of the Incorporator is:

Jonathan Norman, 800 East Camino Real, Unit 407, Boca Raton, FL 33432

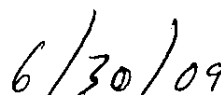
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



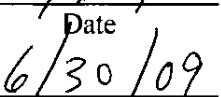
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
09 JUL - 6 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA