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CAPITAL CONNECTION

N 3810

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Email Address:

NCF FLORIDA@COMCAST.NET

FLORIDA PROFIT/NON PROFIT CORPORATION

Nelbak Inc.

Certificate of Status	1
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CAPITAL CONNECTION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Neibak Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

119 Two Pine Drive
Greenacres, Florida 33413

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Multifamily Construction

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph W. Nelson, Jr., President
Address: 119 Two Pine Drive
Greenacres, Florida 33413

Name and Title: Joseph W. Nelson, Jr., Director
Address: 119 Two Pine Drive
Greenacres, Florida 33413

Name and Title: Gloria R. Nelson, Treasurer
Address: 119 Two Pine Drive
Greenacres, Florida 33413

Name and Title: Gloria R. Nelson, Director
Address: 119 Two Pine Drive
Greenacres, Florida 33413

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Joseph W. Nelson, Jr.
Address: 119 Two Pine Drive
Greenacres, Florida 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph W. Nelson, Jr.
Address: 119 Two Pine Drive
Greenacres, Florida 33413

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

J. Nelson

Required Signature/Registered Agent

February 8, 2011

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.

J. Nelson

Required Signature/Incorporator

February 8, 2011

Date