

P11000070354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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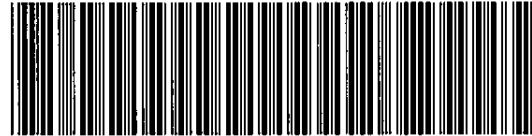
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/20/11--01011--014 **70.00

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11 AUG -4 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
8/5

V1111 38259

COVER LETTER

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

SUBJECT: NorthStar Property Management Services, 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: Jereme Jones

Name (Printed or typed)

43 Silva Drive, NW

Address

Fort Walton Beach, FL 32548

City, State & Zip

(850) 244-4402

Daytime Telephone number

jjones0307@live.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 AUG -4 AM 10:48
DIVISION OF CORPORATIONS

July 21, 2011

JEREME JONES
43 SILVA DRIVE N.W.
FORT WALTON BEACH, FL 32548

SUBJECT: NORTHSTAR PROPERTY MANAGEMENT GROUP, INC.
Ref. Number: W11000038259

We have received your document for NORTHSTAR PROPERTY MANAGEMENT GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 811A00017275

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: **NorthStar Property Management Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
43 Silva Drive, NW
Fort Walton Beach, FL 32548

Mailing address, if different is:

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: **Jereme Jones - President**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

Name and Title: **Jessica Jones - Secretary**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

Name and Title: **John Jones - Vice President**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

Name and Title: _____
Address: _____

Name and Title: **Dianne Jones - Treasurer**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

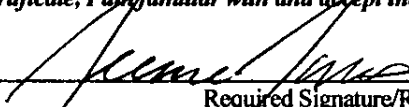
Name: **Jereme Jones**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Jereme Jones**
Address: **43 Silva Drive, NW**
Fort Walton Beach, FL 32548

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

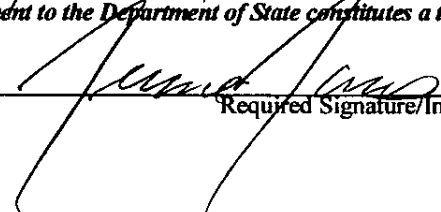


Required Signature/Registered Agent

07/07/11

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.



Required Signature/Incorporator

07/07/11

Date

FILED
11 AUG -4 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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