

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000170352 3)))



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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : 120020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NADC (Lynden Park) Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: NADC (Lynden Park) 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: Sharon K. Gray - Triad Professional Services, LLC
Name (Printed or typed)

1720 Windward Concourse, Ste. 390
Address

Alpharetta, GA 30005
City, State & Zip

770-777-2091
Daytime Telephone number

jbaden@triadpros.com
E-mail address: (to be used for future annual report notification)

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

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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: NADC (LYNDEN PARK) INC.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

400 Clematis Street
Suite 201
West Palm Beach, FL 33401

Mailing address, if different is

2851 John Street
Suite One
Markham, Ontario L3R 5R7

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To hold interest in real estate.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>John W.S. Preston (P/D)</u>	Name and Title:	_____
Address	<u>400 Clematis Street</u>	Address:	_____
	<u>Suite 201</u>		_____
	<u>West Palm Beach, FL 33401</u>		_____

Name and Title:	<u>Robert S. Green (VP/S/T/D)</u>	Name and Title:	_____
Address	<u>2851 John Street</u>	Address:	_____
	<u>Suite One</u>		_____
	<u>Markham, Ontario L3R 5R7</u>		_____

Name and Title:	<u>Stephen W.S. Preston (VP)</u>	Name and Title:	_____
Address	<u>3508 Saint John's Drive</u>	Address:	_____
	<u>Dallas, Texas 75205</u>		_____

14 JUL 17 AM 11:18
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(cont.)

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: NRAI Services, Inc.
 Address: 1200 South Pine Island Road
Plantation, FL 33324

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert S. Green
 Address: 2851 John Street, Ste. One
Markham, Ontario L3R 5R7

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]
 Required Signature/Registered Agent

06/25/2014
 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.

[Signature]
 Required Signature/Incorporator

06/25/2014
 Date