

PK4000077399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

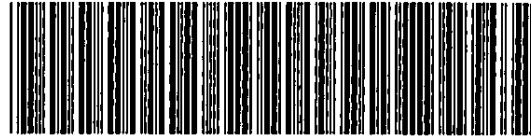
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/08/14--01014--015 \*\*78.75

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14 SEP 17 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1114-55015

CMD 9/18

COVER LETTER

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

SUBJECT: NBA, 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: NOAH AARONSON  
Name (Printed or typed)

3300 NE 192ST PH M  
Address

AVENTURA FL 33180  
City, State & Zip

1-305-825-0050  
Daytime Telephone number

MICHAEL@ALSCOA.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

September 9, 2014

NOAH AARONSON  
3300 NE 192ND ST., PH-7  
AVENTURA, FL 33180

SUBJECT: NBA, INC.  
Ref. Number: W14000055015

We have received your document for NBA, INC. and your check(s) totaling \$78.75. 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.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00019232

**COVER LETTER**

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

SUBJECT: NBA14, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Noah Acvensan  
Name (Printed or typed)

3300 NE 192<sup>nd</sup> St. # PH-7  
Address

Aventura, FL 33180  
City, State & Zip

(305) 825-0050  
Daytime Telephone number

Michael@aiscpa.com  
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: NBA14, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3300 NE 192nd St. #PH-7

N/A

Aventura, FL 33180

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CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Wholesale and retail sale of ice cream, frozen yogurt and other frozen and non frozen products

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Noah Avanson Name and Title: President

Address: 3300 NE 192nd St. #PH-7 Address: \_\_\_\_\_  
Aventura, FL 33180

Name and Title: Michael Avanson Name and Title: Secretary/Treasurer

Address: 14 Hudson Pl. Address: \_\_\_\_\_  
Cranston, RI 02905

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 14 SEP 17 PM 2:55  
 STATE DEPARTMENT OF STATE  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED

**ARTICLE VI REGISTERED AGENT**

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

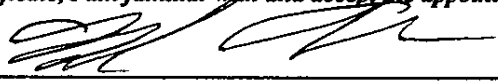
Name: Noah Aaranson  
 Address: 3300 NE 192nd St. #PH-7  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Noah Aaranson  
 Address: 3300 NE 192nd St. #PH-7  
Aventura, FL 33180


*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

9/15/14  
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

9/15/14  
Date