FZCCCCCCH139

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

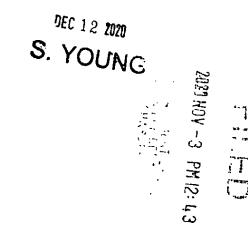
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NorthGroup Real Estate, Inc. Name of Corporation
DOCUMENT NUMBER: F200000 4139
DOCUMENT NUMBER: 12000000 (13)
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Wilkinson Name of Contact Person
Northarp Reyl Estate Inc
16405 Northcross Or SteC Hunterville, NC 28078
Huntrsville NC 28078 City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Swtt Wilkinson at (704) 400 225 Z Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
□\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICAND/OR DIRECTOR(S)

(Note: Applicable only during the firs	t calendar year of qualification)
1. The name of the foreign corporation as it appears or North Grup Renl Estate	
number is F2000004(39	orida on 9/33/25 and its Florida document
3. This corporation was formed under the laws of	NC
4. The name and address of each officer and/or director	or is as follows:
Title: President	Name and Address Sutt Wilkinsin
	Cornelius, NK 28031
Vice Praident	James Mouney 13988 SE 94th Street
	Summerfield FL 34491
	·
Λ <u>-</u>	
(Attach additional page	es if necessary) President
Signature of an officer or director	Title of person signing
Swtt Wilkinson yped or printed name of person signing	FILING FEE \$35
	11 - 25 11 15

Make checks payable to Florida Department of State and Mail to: Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

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