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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/15

COVER LETTER

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

SUBJECT: **NSP I Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: **Karen J. Prevatt**

Name (Printed or typed)

137 S. Pebble Beach Blvd., Suite 102

Address

Sun City Center, FL 33573

City, State & Zip

813 634-1750

Phone number

kprevatt@verizon.net

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 617, F.S., (Not for Profit)

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11 FEB 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE I NAME

The name of the corporation shall be: NSPI, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5707 North 22nd Street
Tampa, Florida 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To acquire and manage properties to provide affordable housing for low income families.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Initial Directors are listed below. Thereafter, each Director shall be elected by majority vote of the Board of Directors in the manner and at times set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Col. Robert Cheate
Address: 2866 Bayshore Trails Drive
Tampa, FL 33611

Name and Title: _____
Address: _____

Name and Title: Guy King
Address: P.O. Box 373
Tampa, FL 33601

Name and Title: _____
Address: _____

Name and Title: John Grandoff
Address: P.O. Box 2231
Tampa, FL 33602-2231

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: Karen J. Prevatt
Address: 137 So. Pebble Beach Blvd., Suite 102
Sun City Center, FL 33573

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina Daniels-Lyons
Address: 5707 North 22nd street
Tampa, FL 33610

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

Karen J. Prevatt
Required Signature of Registered Agent

2-9-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Christina Daniels-Lyons
Required Signature of Incorporator

2-9-2011
Date