

N 16 000000208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

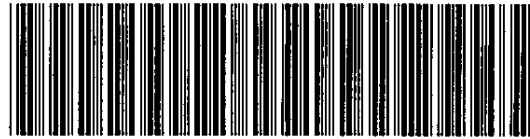
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COVER LETTER

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

SUBJECT: NPSC HOLDING CORPORATION, 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: SAMUEL P COHEN
Name (Printed or typed)

3332 BAILEY PALM COURT
Address

NORTH PORT, FL. 34288
City, State & Zip

941-377-0273
Daytime Telephone number

SAM-12-AM@YAHOO.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: NPSC HOLDING CORPORATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5284 PINEHURST CT.
NORTH PORT, FL. 34287

Mailing address, if different is:

SAMUEL P. COHEN
3332 BAILEY PALM CT
NORTH PORT, FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

1. This corporation shall exist solely as a non-profit corporation having as its only purpose that of acquiring, owning, selling or otherwise disposing of investments, and maintaining real estate, and the erection and maintenance of buildings thereon, for the use of the North Port Shrine Club, an unincorporated club, farternal and charitable in nature.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY MAJORITY
VOTE OF THE GENERAL MEMBERSHIP OF THE CORPORATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN G. WATSON JR, PRES Name and Title: _____

Address: 4139 TARGEE AV. Address: _____

NORTH PORT, FL. 34287

Name and Title: DAVID WHEATCRAFT, TREAS Name and Title: _____

Address: 5284 PINEHURST CT. Address: _____

NORTH PORT, FL. 34287

Name and Title: SAMUEL P. COHEN, SECRET Name and Title: _____

Address: 3332 BAILEY PALM CT. Address: _____

NORTH PORT, FL. 34288

CLERK OF STATE
TALLAHASSEE, FLORIDA

15 DEC 28 PM 12:09

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 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: SAMUEL P. COHEN
 Address: 3332 BAILEY PALM CT
NORTH PALT, FL 34288

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SAMUEL P. COHEN
 Address: 3332 BAILEY PALM CT.
NORTH PALT, FL 34288

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 4, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

 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.

[Signature]
 Required Signature of Incorporator

 Date