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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

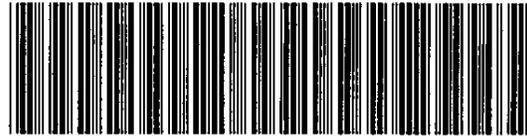
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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-IR-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: MPSC 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 SR, PRES Name and Title: \_\_\_\_\_  
Address: 4139 TARGEE AV. Address: \_\_\_\_\_  
NORTH PORT, FL. 34287

Name and Title: DAVID WHEATCRAFT, TRS Name and Title: \_\_\_\_\_  
Address: 5284 PINEHURST CT. Address: \_\_\_\_\_  
NORTH PORT, FL. 34287

Name and Title: SAMUEL P. COHEN, SCKR Name and Title: \_\_\_\_\_  
Address: 3332 BAILEY PALM CT. Address: \_\_\_\_\_  
NORTH PORT, FL. 34288

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 \_\_\_\_\_  
 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 PAAT, FL 34288

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

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 TALLAHASSEE, FLORIDA

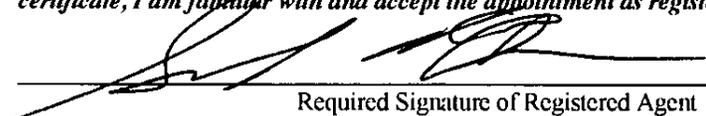
**ARTICLE VIII EFFECTIVE DATE:**

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.)

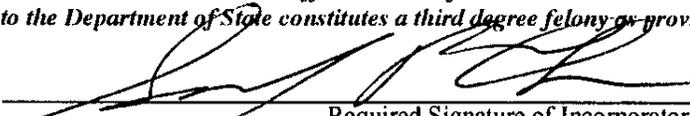
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 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.*

  
 Required Signature of Incorporator

\_\_\_\_\_  
 Date