

N170000004197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

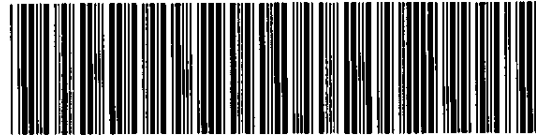
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: \_\_\_\_\_

NEXUS GUARDIANSHIP SERVICES, 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: \_\_\_\_\_

ABDULLAH MUHAMMAD  
Name (Printed or typed)

11030 WILDLIFE TRAIL  
Address

TALLAHASSEE FL 32312  
City, State & Zip

(850) 264-7056  
Daytime Telephone number

MR BASHEER2003@GMAIL.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: NEXUS GUARDIANSHIP SERVICES, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2910 KERRY FOREST PARKWAY  
SUITE D4 #277

TALLAHASSEE FL 32309

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DIVISION OF CORPORATIONS  
Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GUARDIANSHIP SERVICES for Social  
Services agency.

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

As provided for in the bylaws.

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

PRESIDENT  
Name and Title: ABDULLAH MUHAMMAD Name and Title: \_\_\_\_\_

Address 11030 CANDLELIFE TAIL Address: \_\_\_\_\_  
TALLAHASSEE FL 32312

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

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

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

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

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: ABDULLAH MUHAMMAD

Address: 11030 WILDLIFE TRAIL  
TALLAHASSEE FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ABDULLAH MUHAMMAD

Address: 11030 WILDLIFE TRAIL  
TALLAHASSEE FL 32312

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: APRIL 18 2019 (OPTIONAL)

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

4/18/2019  
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

4/18/2019  
Date

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