

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NMSH73 Reunion Corp.

Signature \_\_\_\_\_

Requested by: SETH

06/29

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

2022 JUN 30 AM 9:40

RECEIVED

## COVER LETTER

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

**SUBJECT:** NMSH73 REUNION CORP.

(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:** ARNOLD (SKIP) STRAUS

Name (Printed or typed)

10081 Pines Blvd., Ste. C

Address

PEMBROKE PINES, FL 33024

City, State & Zip

(954) 431-2000

Daytime Telephone number

sstrauss@strausslegal.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

2022 JUN 30 AM 9:40

FILED

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: NMSH73 REUNION CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10081 PINES BLVD.

STE. C

PEMBROKE PINES, FL 33024

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Create an entity to manage a high school reunion.

In the event of dissolution, funds shall be distributed to a charity or school, as determined by majority vote of Board of Directors.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Initial Directors  
are appointed permanently unless removed by a majority of Directors, who shall then elect the new Director.

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

Name and Title: ANN MERLIN - CEO/D

Address

10081 PINES BLVD.

STE. C

PEMBROKE PINES, FL 33024

Name and Title: KAREN BAACH - T / D

Address:

10081 PINES BLVD.

STE. C

PEMBROKE PINES, FL 33024

Name and Title: ELIZABETH M. TETREAULT - CEO/D

Address

10081 PINES BLVD.

STE. C

PEMBROKE PINES, FL 33024

Name and Title: ARNOLD (SKIP) STRAUS - S/D

Address:

10081 PINES BLVD.

STE. C

PEMBROKE PINES, FL 33024

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

Address

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

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

2022 JUN 30 AM 9:40  
FILED  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FLORIDA

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: ARNOLD (SKIP) STRAUS

Address: 10081 PINES BLVD., STE. C

PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

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

Name: ARNOLD (SKIP) STRAUS

Address: 10081 PINES BLVD., STE. C

PEMBROKE PINES, FL 33024

2022 JUN 30 AM 9:40  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301

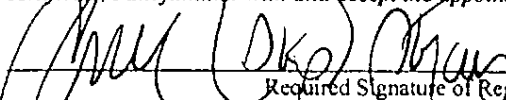
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

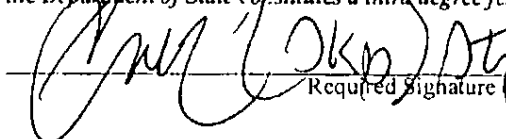
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
Required Signature of Registered Agent

6/29/20  
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

6/29/20  
Date