

P000000/02908

TRANSMITTAL LETTER

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

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-11/01/00--01042--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: NSN PROPERTY MANAGEMENT, INC.


Enclosed is an original and one copy of the Articles of Incorporation and a Designation and Acceptance of Registered Agent for a Florida Corporation.

Also enclosed is a check for:

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input type="checkbox"/>            | \$70.00  | Filing Fee                               |
| <input checked="" type="checkbox"/> | \$78.75  | Filing Fee & Certificate                 |
| <input type="checkbox"/>            | \$122.50 | Filing Fee & Certified Copy              |
| <input type="checkbox"/>            | \$131.25 | Filing Fee, Certified Copy & Certificate |

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00 NOV -1 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM:

  
Nick Notofranco  
4641 SW Tacoma Street  
Port St. Lucie, FL 34953  
(561) 878-8759

DATE: 10/27/00

✓ T. Burch NOV 2 2000

# ***ARTICLES OF INCORPORATION***

*Of*

## ***NSN PROPERTY MANAGEMENT, INC.***

The undersigned person, acting as incorporator of a corporation organized under the laws of Florida, hereby adopts the following Articles of Incorporation:

### **ARTICLE I.** **CORPORATE NAME.**

The name of this corporation is:

**NSN PROPERTY MANAGEMENT, INC.**

### **ARTICLE II.** **PRINCIPAL OFFICE.**

The mailing address of this corporation is:

**4641 Sw Tacoma Street  
Port St. Lucie, Fl 34953**

### **ARTICLE III.** **CAPITAL STOCK.**

The number of shares of stock this corporation is authorized to have outstanding at any one time is 100 (One Hundred) shares of common stock. Such shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

### **ARTICLE IV.** **REGISTERED AGENT AND OFFICE.**

The name and address of the corporation's initial registered agent is:

**Nick Notofranco  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953**

### **ARTICLE V.** **INCORPORATORS.**

The name and street address of the incorporators of these Articles of Incorporation are:

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**Nick Notofranco**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

**Stephanie Kucserka**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

**ARTICLE VI.**  
**DIRECTORS.**

The corporation shall have 2 (two) directors, initially. The number of directors may be increased or diminished from time to time as provided in the By-Laws.

The name and street address of the members of the initial board of directors are:

**Nick Notofranco**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

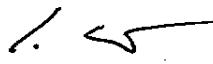
**Stephanie Kucserka**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

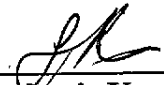
This directors shall hold office until the first annual meeting or until his/her successor is elected or appointed and qualified as provided in the By-Laws.

**ARTICLE VII.**  
**OPTIONAL PROVISIONS.**

None.

The undersigned have executed these Articles of Incorporation on 10/27, 2000.

  
\_\_\_\_\_  
**Nick Notofranco**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

  
\_\_\_\_\_  
**Stephanie Kucserka**  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953

**DESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of F.S. § 607.0501, the undersigned corporation, organizes under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is:

**NSN PROPERTY MANAGEMENT, INC.**

2. The Name of the registered agent is:

**Nick Notofranco**


3. The address of the registered agent/ registered office is:

**4641 SW Tacoma Street  
Port St. Lucie, Fl 34953**

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**ACCEPTANCE**

Having been named as the registered agent and designated to accept service of process for the above corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
**Nick Notofranco  
4641 SW Tacoma Street  
Port St. Lucie, Fl 34953**

DATE: 10/27/00