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(Requestor's Name)			
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PICK-UP WAIT M	AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
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TRANSMITTAL LETTER

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

SUBJECT:		NS SINC	
	(PROPOSED CORPORA)	re namé – <u>Must Incli</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Wads Co	S (CIV (Printed or typed)	
•		Foir Blood Address 32209 State & Zip	
	(904) 226		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
. 813 Golf Foir BLUP

JAX, FL 31209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: -50 a Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Your bodsdan - Persident 813 GOLFFAIR BLVD JAM. FL 31209

Words Looper- Vice President 813 but FFAIR Block Jan 12 32209

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WADE COOPER 813 GOLFFAIR BLUD JAG A 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WADE COOPER 813 GOLFFAIR BLUD Dan A 32209

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/Incorporator