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Florida Department of State
Division of Corporations
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((H05000203209 3)))

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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFTT CORPORATION OR P.A.
NATIONAL COMMERCIAL GROUP INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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H05000203209 3

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:

National Commercial Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

27500 Riverview Center Blvd Ste #106
Bonita Springs, Fl 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all lawful business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: _

10,000 common shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thomas Rider (President, Treasurer, Director)
2528 SW 36th Lane, Cape Coral, Florida 33914
Grant Iverson (vice President, Secretary, Director)
27500 Riverview Center Blvd #106, Bonita Springs, Florida 34134

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

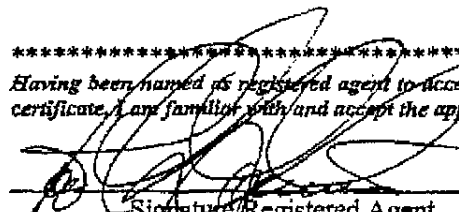
Paul L Larrow
3501-312 Del Prado Blvd, Cape Coral, Florida 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori Moore
3501-312 Del Prado Blvd, Cape Coral, Florida 33904

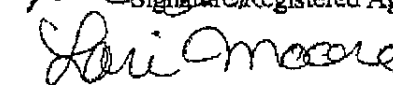
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/22/2005

Date



Signature/Incorporator

8/22/05

Date

H05000203209 3

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