

PD5000163471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

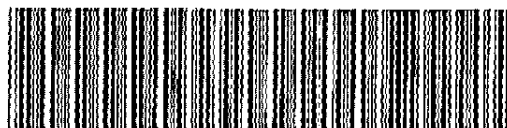
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05 DEC 15 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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OFFICE OF THE
CLERK OF THE
SUPREME COURT

COVER LETTER

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

SUBJECT: National Association of Foreclosure Prevention Professionals, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Robert Skrob
Name (Printed or typed)

335 Beard Street
Address

Tallahassee, FL 32303
City, State & Zip

850/222-6000
Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF

NATIONAL ASSOCIATION OF FORECLOSURE PREVENTION PROFESSIONALS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I
NAME

The name of the corporation shall be NATIONAL ASSOCIATION OF FORECLOSURE PREVENTION PROFESSIONALS, INC.

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of this corporation shall be 335 Beard Street, Tallahassee, FL 32303.

ARTICLE III
SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time shall be limited to 1,000 shares of voting common stock.

ARTICLE IV
NAME AND ADDRESS OF REGISTERED AGENT

The name and address of the registered agent is Robert Skrob, 335 Beard Street, Tallahassee, FL 32303.

ARTICLE V
INITIAL BOARD OF DIRECTORS

The Board of Directors of this corporation shall be comprised of one person. The name and address of the persons who shall serve as the initial Board of Directors are as follows:

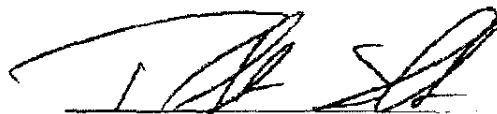
Robert Skrob
335 Beard Street
Tallahassee, FL 32303

ARTICLE VI
INCORPORATOR

The name and address of the incorporator to these Article of Incorporation is:

Robert Skrob
335 Beard Street
Tallahassee, FL 32303

The undersigned incorporator has executed these Articles of Incorporation this 15 day of December, 2005.



ROBERT SKROB

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

05 DEC 15 PM 1:38

SECRETARY OF STATE


Pursuant to the provisions of Sections 607.0501, Florida Statutes, the undersigned, a corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is NATIONAL ASSOCIATION OF FORECLOSURE PREVENTION PROFESSIONALS, INC.

The name and address of the registered agent and office is:

Robert Skrob
335 Beard Street
Tallahassee, FL 32303

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.


ROBERT SKROB

DATE: 12/15/05