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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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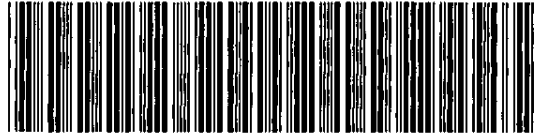
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC

COVER LETTER

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

SUBJECT: NMD 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Nicholas M Druzvik
Name (Printed or typed)

10300 NW 16th Ct
Address

Coral Springs, FL 33071
City, State & Zip

954-643-4625
Daytime Telephone number

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: *NMD INC*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*10300 NW 16th Ct
Coral Springs, FL 33071*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Any And ALL Lawful Business*

ARTICLE IV SHARES

The number of shares of stock is: *2*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Nicholas M Druzbiak - President
10300 NW 16th Ct
Coral Springs, FL 33071*

ARTICLE VI REGISTERED AGENT

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

*Nicholas M Druzbiak
10300 NW 16th Ct
Coral Springs, FL 33071*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Title: President
Nicholas M Druzbiak
10300 NW 16th Ct
Coral Springs, FL 33071*

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

Nicholas M Druzbiak

Signature/Registered Agent

Nov-3-2008

Date

Nicholas M Druzbiak

Signature/Incorporator

Nov-3-2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA