

PD9000037934

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

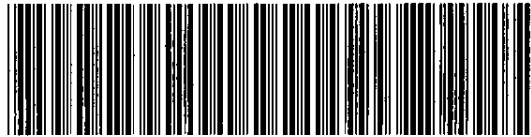
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04/13/09--01041--020 **78.75

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2009 APR 28 P 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: NIGHT-TIME SERVICE CONSULTANTS, 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: GARY RAPOPORT
Name (Printed or typed)

210 W. LOUISIANA AVE
Address

TAMPA, FL. 33603
City, State & Zip

813-843-4780
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2009

GARY RAPOPORT
210 W LOUISIANA AVE
TAMPA, FL 33603

SUBJECT: NIGHT-TIME SERVICE CONSULTANTS ,INC.
Ref. Number: W09000017420

We have received your document for NIGHT-TIME SERVICE CONSULTANTS ,INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 009A00012489

RECEIVED
DEPARTMENT OF STATE
09 APR 28 AM 10:33

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:

NIGHT-TIME SERVICE CONSULTANTS ,INC.

ARTICLE II PRINCIPAL OFFICE

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

GARY RAPOPORT 210 W. LOUISIANA AVE
TAMPA, FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GARY RAPOPORT (PRES-TREASURER) 210 W. LOUISIANA AVE TAMPA, FL 33603

ARTICLE VI REGISTERED AGENT

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

GARY RAPOPORT 210 W. LOUISIANA AVE. TAMPA ,FL 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARY RAPOPORT 210 W. LOUISIANA AVE TAMPA ,FL 33603

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

Signature/Incorporator

FILED

2009 APR 28 P 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-10-09

Date

4-10-09

Date