

P100000046787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

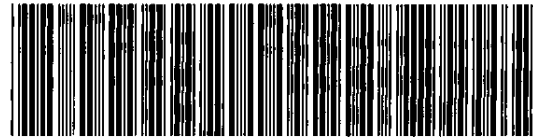
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300181562053

300181562053
06/02/10--01014--002 **87.50

FILED

10 JUN -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-3-11 ch

COVER LETTER

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

SUBJECT: NATIONAL RESOURCES MANAGEMENT SYSTEMS, 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: JOEL SHIFFER
Name (Printed or typed)
2027 SETON DRIVE
Address
CLEARWATER, FLORIDA, 33763
City, State & Zip
304-494-4129
Daytime Telephone number
iamdada00@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

NATIONAL RESOURCES MANAGEMENT SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

PRINCIPLE: 2027 SETON DRIVE, CLEARWATER, FL 33763
MAILING: P.O. BOX 4370 PARKERSBURG WV 26104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER FILES AND INFORMATION ACCESS.

ARTICLE IV - SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOEL D. SHIFFER (OFFICER) P.O. BOX 4370
PARKERSBURG WV
26104.

ARTICLE VI REGISTERED AGENT

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

JOEL D. SHIFFER
~~P.O. BOX~~ 2027 SETON DRIVE
CLEARWATER FL 33763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOEL D. SHIFFER
2027 SETON DR.
CLEARWATER FL 33763

FILED
10 JUN -2 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Joel Shiffer
Signature/Registered Agent

JOEL SHIFFER

MAY 26 2010
Date

Joel Shiffer
Signature/Incorporator

JOEL SHIFFER

MAY 26 2010
Date