

P1000009/863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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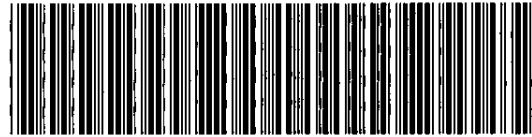
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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DN

## COVER LETTER

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

SUBJECT: NSB Mobile Notary Services, 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

Filing Fee



\$78.75

Filing Fee

& Certificate of Status



\$78.75

Filing Fee

& Certified Copy



\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

**ADDITIONAL COPY REQUIRED**

FROM: Naomi S. Brooks

Name (Printed or typed)

6237 Eaglebrook Ave

Address

Tampa, FL 33625

City, State & Zip

813-963-6908

Daytime Telephone number

naomisbrooks@earthlink.net

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: NSB Mobile Notary Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6237 Eaglebrook Ave  
Tampa, FL 33625

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
provide mobile notary services at an affordable price and other services as may be requested.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Naomi S Brooks, President  
Address: 6237 Eaglebrook Ave  
Tampa, FL 33225

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Joel Brooks, Vice President  
Address: 6237 Eaglebrook Ave  
Tampa FL 33625

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Naomi S. Brooks  
Address: 6237 Eaglebrook Ave  
Tampa FL 33625

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Naomi S. Brooks  
Address: 6237 Eaglebrook Ave  
Tampa, FL 33625

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

Naomi S Brooks

Required Signature/Registered Agent

11-2-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Naomi S Brooks

Required Signature/Incorporator

11-2-10

Date

10 NOV -18 PM 5:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED