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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 16 PM 3:58

MD 12/16

COVER LETTER

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

SUBJECT: NORTH FLORIDA NEIGHBORHOOD 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: THOMAS B. PERRIN
Name (Printed or typed)
519 N MONROE ST.
Address
Tallahassee FL 32301
City, State & Zip
850-251-0659
Daytime Telephone number
tperrin22@aol.com
E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE

01/01/2011

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: *NORTH FLORIDA NEIGHBORHOOD SERVICES, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address

*519 No. MONROE ST.
TALLAHASSEE FL 32301*

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To provide services to neighborhood associations..
ie. Mailings, promotional & print services*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *THOMAS B. PERRIN PRESIDENT*
Address: *519 No MONROE ST.
TALLAHASSEE FL 32301*

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: *THOMAS B. PERRIN*
Address: *519 No MONROE ST.
TALLAHASSEE FL 32301*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *THOMAS B. PERRIN*
Address: *519 No MONROE ST.
TALLAHASSEE FL 32301*

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

Thomas B. Perrin

Required Signature/Registered Agent

12-14-10

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.

Thomas B. Perrin

Required Signature/Incorporator

12-14-10

Date

FILED
10 DEC 16 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Effective date will be 1-1-2011)