

Division of Corporations

P11000091258

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000013
Phone : (850) 222-1192
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 OCT 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 OCT 18 PM 4:50
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
North Port Trustee, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

T. Burch OCT 19 2011

COVER LETTER

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

SUBJECT: North Port Trustee, 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: Michelle Petrus

Name (Printed or typed)

3201 Old Glenview Road, Suite 301

Address

Wilmette, IL 60091

City, State & Zip

847-256-8800 x119

Daytime Telephone number

mpetrus@shinergp.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: North Port Trustee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

51 Sherwood Terrace

Lake Bluff, IL 60044

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any and all lawful businesses for which corporations may be incorporated under Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerald L. Pollack, President

Address: 51 Sherwood Terrace, Suite 5

Lake Bluff, IL 60044

Name and Title: _____

Address: _____

Name and Title: Theodore J. Schmidt, Vice President

Address: 95175 Drew Ave

Burr Ridge, IL 60527

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: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Michelle Petrus

Address: 3201 Old Glenview Road, Ste 301

Wilmette, IL 60091

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.

By: _____

C T Corporation System

James M. Halpin

Assistant Secretary

Required Signature/Registered Agent

10/18/2011

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.

Michelle Petrus

Required Signature/Incorporator

Michelle Petrus

10-18-11

Date

FILED

2011 OCT 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA