

P12000025130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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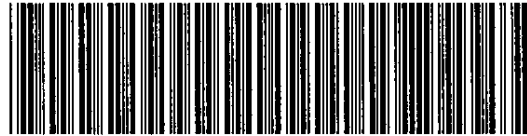
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 13 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/14/12

COVER LETTER

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

SUBJECT: ARBITRATION Resolution 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: MARK NORVCH
Name (Printed or typed)

210 N. UNIVERSITY Drive, Suite 802
Address

Coral Springs FL 33071
City, State & Zip

(954) 796-0085, ext. 118
Daytime Telephone number

mnorvch@gmail.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: Arbitration Resolution Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address.

210 N. UNIVERSITY Drive Suite 802
Coral Springs, FL 33071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Arbitration services and all other legal services.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas P. Weber President

Address: 14369 69th Drive N.
Palm Beach Gardens, FL 33418

Name and Title: MARK NORVCH Vice-Pres./Secretary

Address: 934 N. University Dr. #226
Coral Springs, FL 33071

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: MARK NORVCH

Address: 934 N. University Dr. #226
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK NORVCH

Address: 934 N. University Dr. #226
Coral Springs, FL 33071

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

Mark Norvch
Required Signature/Registered Agent

3-12-12
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.

Mark Norvch
Required Signature/Incorporator

3-12-12
Date