Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION NADC (Northfield/Bridge) Inc.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: NADC (NORTHFIELD	/BRIDGE) IN	C
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation ar	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: <u>Triad Professional Service</u>	ces, LLC (Printed or typed)	
1720 Windward Concou	rse, Ste. 390 Address	
Alpharetta, GA 30005 City,	State & Zip	
770-777-2091	elephone number	
jbaden@triadpros.com E-mail address: (to be used	d for future annual repor	t 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 The name of the or	NAME NADC (Northfield/Bridge promation shall be:	e) Inc.	
	PRINCIPAL OFFICE Principal atrect address 100 Clematis Street Suite 201 Vest Palm Beach, FL 33401	<u>2851 John :</u> Suite One	ing address, if different is: Street Ontario L3R 5R7
article III	PURPOSE		
The purpose for v	hich the corporation is organized is:		
To hold inter	ests in real estate.		
	res of stock is: 1,000 shares of common		value
Name and T Address:	INITIAL OFFICERS AND/OR DIRECTOR Title: John W.S. Preston 400 Clematis Street, Suite 201 West Palm Beach, Fi. 33401	Name and Title: Ro Address: 28:	hert S. Green 51 John Street, Suite One orkham, Ontario L3R 587
Name and T Address:	ide:Stephen S.B. Preston 3805 Mapleview Avenue Dallas, TX 75205	_ Address:	
Name and T Address:	Title:	_ Name and Title:	
ARTICLE VI	REGISTERED AGENT		12 HA
The name and Flo Name:	orida street address (P.O. Box NOT acceptable) of NRAI Services. Inc.		The state of the s
Address:	515 Fast Park Avenue		C. C. Transaction
	Tallahassee, FL 32301	-	
	INCORPORATOR		Es = m
The name and ad Name:	dress of the Incorporator is: Robert S. Green		: 26 PATE ORID
Address:	2851 John Street, Suite One	_	an o
	Markham, Ontario L3R 5R7	_ _	. >>
Having been nan	ned as registered agent to accept service of process on familiar with apid accept the appointment as reg	s for the above stated sistered agent and agre	corporation at the place designated in se to act in this capacity
	haunt lean		05/31/2012
	Required Signature/Registered Agent		Date
I submit this doc document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	e true. I am aware the sy as provided for in s.	nt the faise information submitted in a B17.155, F.S.
PER:	4111		05/31/2012
- A - C- / C 1	Required Signature/Inhornorator		Date