

P12000063555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

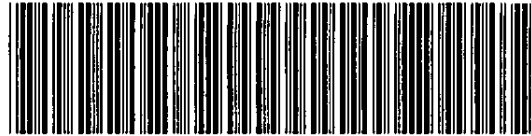
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mrs  
7/20/12

## COVER LETTER

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

SUBJECT: NINA GELARDI DESIGNS, 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: NINA GELARDI  
Name (Printed or typed)

8949 S E BRIDGE RD STE 295  
Address

HOBE SOUND FL 33455  
City, State & Zip

(908) 810-7750  
Daytime Telephone number

NINAGELARDI@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

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

**HOWARD CHERNOFF**

Attorney at Law

2414 Morris Avenue

Union, NJ 07083

Phone: (908)810-7750

Fax: (908) 810-7202

MEMBER of NJ & NY BARS

RE:

LOT #

BLOCK #

Enclosed please find the following:

- ☐ Deed
- ☐ Affidavit of Consideration
- ☐ Mortgage
- ☐ Assignment
- ☐ Loan Title Policy
- ☐ Contract of Sale
- ☐ Owners' Title Policy
- ☐ Real Estate Tax Payment
- ☐ Cancelled Mortgage
- ☐ Title Binder
- ☐ Insurance Policy
- ☐ Flood Certificate
- ☐ Survey
- ☐ Survey Description
- ☐ Complaint
- ☐ Default Judgment

- ☒ Check in the amount of \$ 78<sup>75</sup>
- ☒ Self-addressed, stamped envelope
- ☐ Notice(s) of Settlement
- ☐ Mortgagors' Affidavit of Title
- ☐ Sellers' Affidavit of Title
- ☐ Certificate of Occupancy
- ☐ Closing Statement (HUD-1)
- ☐ Tax Bill
- ☐ Discharge of Mortgage
- ☐ Title Binder Amendment
- ☐ Termite Certificate
- ☐ Approved Attorney Letter
- ☐ Survey Endorsement
- ☐ Answer
- ☐ Case Information Statement

☐ \_\_\_\_\_

☒ Articles of Incorporation  
+ Covers

Would you please:

- ☒ Record and Return to me
- ☐ Sign and Return
- ☐ Retain for you files
- ☐ Cancel of Record
- ☐ Record Deed and return to me
- ☐ Fax me an acknowledgment
- ☐ Return cancelled mortgage to me for cancellation of record
- ☐ Record Mortgage and Assignment and send it to address shown on document
- ☐ Record Original and Return Copy
- ☐ Credit my account
- ☐ Accept as payment
- ☐ Accept as mortgage pay-off
- ☐ Please contact me
- ☐ Mail me an acknowledgment

Thank you. If you have any questions, please call me.

Howard Chernoff

# 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: NINA GELARDI DESIGNS INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

8949 SE BRIDGE RD  
SUITE 295  
HOBE SOUND FL 33455

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NINA GELARDI  
Address: 8949 SE BRIDGE RD  
SUITE 295  
HOBE SOUND FL 33455

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: NINA GELARDI  
Address: 8949 SE BRIDGE RD STE 295  
HOBE SOUND FL 33455

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NINA GELARDI  
Address: 8949 SE BRIDGE RD STE 295  
HOBE SOUND FL 33455

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

Nina Gelardi

Required Signature/Registered Agent

07/13/12

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.

Nina Gelardi

Required Signature/Incorporator

07/13/12

Date

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