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| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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COVER LETTER

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

| SUBJECT: Nina M | loody Family Mediation, P./ | ٩. | |
|----------------------|---|-------------------------------------|--|
| | (PROPOSED CORPORA | ATE NAME - MUST INCL | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d 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 REQU | | DPY REQUIRED | |
| | Nam Meadow Ridge Drive | e (Printed or typed) | |
| | | Address | |
| Tall | ahassee, FL 32312 | , State & Zip | |
| 850 |)-322-7789 | Falloudi and accordance | |
| | Daytime | Telephone number | |
| nina | amoodymediation@gmail.c E-mail address: (to be use | om ed 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)

| The name of the corpor | ration shall be: Nina Moody Family N | Mediation, P.A. | SE SE |
|---------------------------------------|--|------------------------|--|
| ARTICLE II PR | INCIPAL OFFICE | | APR PR |
| 540.14 | Principal street address | Mailing | address, if different is على المنظمية address, if different is المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة |
| 510 Meadow Rid | ge Drive | | |
| Tallahassee, FL | 32312 | | ్రై 5 |
| | | | 80 6 |
| ARTICLE III PU. The purpose for which | RPOSE the corporation is organized is: To prov | vide mediation service | s/legal services |
| | | | |
| | | | |
| - | | | |
| | | | |
| ARTICLE IV SH | IARES | | |
| The number of shares (| JI SLOCK IS, | <u> </u> | |
| ARTICLE V IN | ITIAL OFFICERS AND/OR DIRECT | ors | |
| Name and Tit | _{tle:} Nina L. Moody, President | Name and Title: | |
| Address | 510 Meadow Ridge Drive | Address: | |
| Address | Tallahassee, FL 32312 | Address: | |
| | Tallalia5566, 1 L 32312 | | |
| | | <u> </u> | |
| Name and Titl | e: | Name and Title: | |
| | | | |
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| Name and Titl | e: | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| | | | |

| Name and | d Title: | Name and Title: | |
|-----------------------------|--|--------------------------|-----------------|
| Address | | Address: | |
| | | | 70 = |
| ADMICE D IV | DECIGERED ACENT | | 7 3 T |
| ARTICLE VI The name and Flo | <u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of | the registered agent is: | HO 20 |
| Name: | Nina L. Moody | | SSET O P |
| Address: | 510 Meadow Ridge Drive | | AH 10: OF STA |
| | Tallahassee, FL 32312 | | 6 6 |
| ARTICLE VII | INCORPORATOR | | |
| The name and ad | dress of the Incorporator is: | | |
| Name: | Nina L. Moody | | |
| Address: | 510 Meadow Ridge Drive | | |
| | Tallahassee, FL 32312 | | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as reg Regulared Signature/Registered Agent | | |
| | ument and affirm that the facts stated herein are . Department of State constitutes a third degree felon | | |
| | Required Signature/Incorporator | | 3/18/13 Date |