

P13000044551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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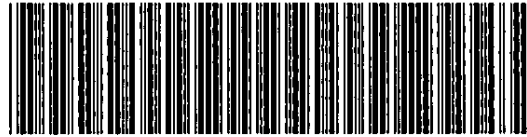
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 20 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/21/13

COVER LETTER

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

SUBJECT: **NAFBE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **NAFBE INC**

Name (Printed or typed)

4929VISION AVENUE

Address

HOLIDAY, FLORIDA 34690

City, State & Zip

727 945 8746

Daytime Telephone number

a.pittaras@verizon.net

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: NAFBE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4902 VISION AVENUE

HOLIDAY, FLORIDA 34690

Mailing address, if different is:

4929 VISION AVENUE

HOLIDAY, FLORIDA 34690

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for all lawful business

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nikolaos Fotinopulu Paraskevopoulo

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: President

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: Fotio Katsantoni Paraskevopoulo

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: Vice President

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: Elias Katsantoni Paraskevopoulos

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: Secretary

Address: 4902 Vision Avenue
Holiday, Florida 34690

(conti.)

Name and Title: Elias Katsantoni Paraskevopoulos

Address: 4902 Vision Avenue
Holiday, Florida 34690

Name and Title: Treasurer

Address: 4902 Vision Avenue
Holiday, Florida 34690

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Angeline Pittaras

Address: 4929 Vision Avenue
Holiday, Florida 34690

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angeline Pittaras

Address: 4929 Vision Avenue
Holiday, Florida 34690

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TALLAHASSEE, FLORIDA

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

Angeline Pittaras
Required Signature/Registered Agent

04/08/2013
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.

Angeline Pittaras
Required Signature/Incorporator

04/08/2013
Date