

P13000044551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

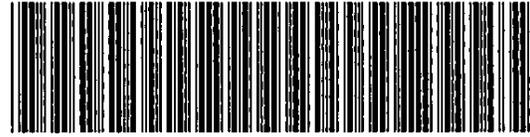
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
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 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: 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 NAFBE INC
The name of the corporation shall be: _____

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 1000
The number of shares of stock is: _____

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

Name and Title:	<u>Elias Katsantoni Paraskevopoulos</u>	Name and Title:	<u>Treasurer</u>
Address	<u>4902 Vision Avenue</u> <u>Holiday, Florida 34690</u>	Address:	<u>4902 Vision Avenue</u> <u>Holiday, Florida 34690</u>

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

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angeline Pittaras
 Address: 4929 Vision Avenue
Holiday, Florida 34690

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 04/08/2013
 Required Signature/Registered Agent 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 04/08/2013
 Required Signature/Incorporator Date