

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

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 (TOBIANO) INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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MD 5/30

RECEIVED

13 MAY 29 PM 12:07

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Thank you.



May 28, 2013

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES LLC Division of Corporations

SUBJECT: NADC (TOBIANO) INC.  
REF: W13000030654

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000115823  
Letter Number: 113A00013193

**COVER LETTER**

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

**SUBJECT: NADC (TOBIANO) 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: Triad Professional Services, LLC**

Name (Printed or typed)

**1720 Windward Concourse, Ste. 390**

Address

**Alpharetta, GA 30005**

City, State & Zip

**770-777-2091**

Daytime Telephone number

**sgray@triadpros.com**

E-mail address: (to be used for future annual report notification)

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

2013-05-29 10:02 TRIAD

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850-617-6381

**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: NADC (Tobiano) Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

400 Clematis Street, Suite 201

West Palm Beach, FL 33401

Mailing address, if different

2851 John Street

Suite One

Markham, Ontario L3R 5R7

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Holding company of interests in real estate.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 shares of common stock, no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John W.S. Preston (Dir/President)

Address

400 Clematis Street

Suite 201

West Palm Beach, FL 33401

Name and Title: Stephen S.B. Preston (VP)

Address:

3508 Saint John's Drive

Dallas, TX 75205

Name and Title: Robert S. Green (Dir/VP/S/T)

Address

2851 John Street

Suite One

Markham, Ontario L3R 5R7

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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13 MAY 29 PM 12:06  
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TALLAHASSEE, FLORIDA

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(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen Preston  
Address: 3508 Saint John's Drive  
Dallas, TX 75205

*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*

Sharon L. Gray  
Required Signature/Registered Agent

5/24/13  
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.*

[Signature]  
Required Signature/Incorporator

05/24/2013  
Date

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TALLAHASSEE, FLORIDA