

2013-10-21 14:43

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : TRIAD PROFESSIONAL SERVICES,
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
NADC (Hazlett Lake) Inc.

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

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COVER LETTER

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

SUBJECT: NADC (Hazlett Lake) 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: Sharon K. Gray - 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**jbaden@triadpros.com**
E-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)FILED
13 OCT 21 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**The name of the corporation shall be: NADC (HAZLETT LAKE) INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address400 Clematis StreetSuite 201West Palm Beach, FL 33401

Mailing address, if different is:

2851 John StreetSuite OneMarkham, Ontario L3R 5R7**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To hold interest in real estate.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John W.S. Preston (P/D) Name and Title: _____Address: 400 Clematis Street Address: _____Suite 201West Palm Beach, FL 33401Name and Title: Robert S. Green (VP/S/T/D) Name and Title: _____Address: 2851 John Street Address: _____Suite OneMarkham, Ontario L3R 5R7Name and Title: Stephen W.S. Preston (VP) Name and Title: _____Address: 3508 Saint John's Drive Address: _____Dallas, Texas 75205

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13 OCT 21 PM 1:19 (cont.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Robert S. Green
Address: 2851 John Street, Ste. One
Markham, Ontario L3R 5R7

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


Required Signature/Registered Agent

10/21/2013

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.817.153, F.S.


Required Signature/Incorporator

10/21/2013

Date