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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

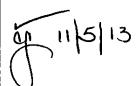
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COVER LETTER

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

SUBJECT: National Marriage Seminars of America, 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: Aaron J. Gold, Esquire	
Name (Printed or typed)	
202 S. Rome Avenue, Suite 100	
Address	
Tampa, FL 33606	NOV -L
City, State & Zip	1 333
813/223-5351	PH 1
Daytime Telephone number	RATIC
sbaker@allendell.com	₩ 28
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)

FILEO	
SECRETARY OF STATE	
VISICH OF CORPORATIONS	ì

LE II PRIN	E National Marriage CIPAL OFFICE		75 77 7 11
	rincipal street address		ling address, if different is:
6 West Bea	arss Avenue	same a	s principal office
npa, FL 33	618		
=	ose corporation is organized is: of any and all lawful busir	ess for whic	h corporations may
rporated u	nder the Business Corpor	ation Act of	the State of Florida
•			•
CLE IV SHAI	RES (* and attached above		
CLE IV SHAI	œs ock is: [* see attached shee	t]_	
CLE V INIT	AL OFFICERS AND/OR DIRECTORS	3	
CLE V INIT	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST	Name and Title:	
Name and Title:	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue	Name and Title:	
Name and Title:	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST	Name and Title:	
Name and Title:	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue	Name and Title:	
Name and Title:	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue	Name and Title:	
Name and Title: Address	AL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue	Name and Title: Address:	
Name and Title: Address	CAL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title:	CAL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title:	CAL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title:	CAL OFFICERS AND/OR DIRECTORS Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title:	
Name and Title: Address Name and Title: Address	Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address	Christopher J. Cambas, DPST 3036 West Bearss Avenue Tampa, FL 33618	Name and Title: Address: Name and Title: Address:	

ARTICLE IV SHARES

The number of shares of stock is ten thousand (10,000) shares of \$1.00 par value common stock.

Five thousand (5,000) shares of said common stock shall be voting common stock.

Five thousand (5,000) shares of said common stock shall be non-voting common stock.

All ten thousand (10,000) shares of common stock shall be identical in every other particular.

Name and	Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Aaron J. Gold, Esquire		
Address:	Allen Dell, P.A. 202 S. Rome Avenue, Suite 100		
	Tampa, FL 33606		
ARTICLE VII	INCORPORATOR		
The name and add	Iress of the Incorporator is:		
Name:	Aaron J. Gold, Esquire		
Address:	Allen Dell, P.A. 202 S. Rome Avenue, Suite 100		
	Tampa, FL 33606		
	ed as registered agent to accept service of process n familiar with and accept the appointment as regi		
_	Required Signature/Registered Agent		Date*
	ment and affirm that the facts stated herein are t epartmept of State constituter Athird degree felony		
	Required Signature/Incorporator		October 7, 2013
			SECNATAR JIVISITŲ GE

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SECNITARY OF STATE