

PH000021208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

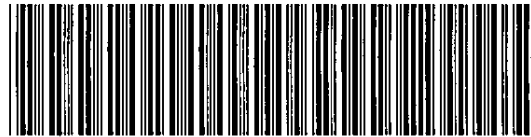
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000256942740

03/10/14--01001--012 **87.50

RECEIVED
SECRETARY OF STATE
2014 MAR 10 AM 11:33
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 MAR 10 AM 10:42
SECRETARY OF STATE
FLORIDA

COVER LETTER

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

SUBJECT: NWF Business Continuity, 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: Martin R. Serotta

Name (Printed or typed)

258 Summerwind Circle North

Address

Crawfordville, FL 32327

City, State & Zip

850-559-9860

Daytime Telephone number

martyserotta@hotmail.com

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: NWF Business Continuity, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

258 Summerwind Circle North
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in
Business Continuity Consulting.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martin R. Serotta, President

Name and Title: _____

Address 258 Summerwind Circle North
Crawfordville, FL 32327

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECTION 607
STATE
OF FLORIDA

14 MAR 10 AM 10:42

APPROVED
FILED

(conti.)

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:

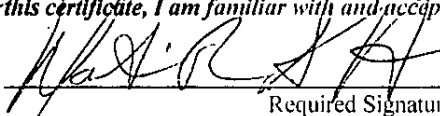
Name: Martin R. Serotta
Address: 258 Summerwind Circle North
Crawfordville, FL 3327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

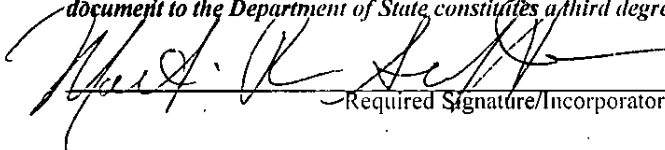
Name: Martin R. Serotta
Address: 258 Summerwind Circle North
Crawfordville, FL 32327

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

3/10/2013
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.


Required Signature/Incorporator

3/10/2013
Date

STATE
OF
FLORIDA

14 MAR 10 AM 10:42

APPROVED
AND
FILED