

P14000042379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

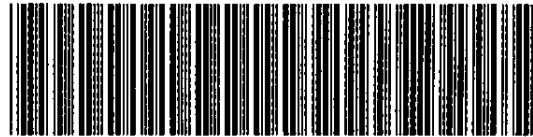
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800260040798

05/12/14--01037--017 **78.75

FILED
14 MAY 12 PM 4: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/13/14

COVER LETTER

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

SUBJECT: NTI ENTERPRISES 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: SJ COOPER & ASSOCIATES

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.com

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

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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)

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ARTICLE I NAME NTI ENTERPRISES INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address

11931 ISLAND AVE
MATLACHA, FL 33993

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different:
C/O SJ COOPER & ASSOCIATES
3269 SURGEON BAY CT
NAPLES, FL 34120

ARTICLE III PURPOSE A LEGAL & PROFESSIONAL CONSULTING CO.
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	PETER B CUNDALL, P	Name and Title:	_____
Address	11931 ISLAND AVE	Address:	_____
	MATLACHA, FL 33993		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(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:

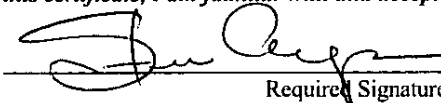
Name: STEVEN COOPER
 Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STEVEN COOPER
 Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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

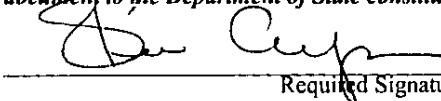


 Required Signature/Registered Agent

05/06/2014

 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

05/06/2014

 Date

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