

P14000046145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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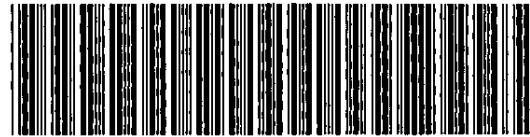
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/28/14



## Guest • Peavy • Guest

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994

T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

May 20, 2014

Mr. Tyrone Scott  
Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: Articles of Incorporation  
NASTARI SERVICES, INC.

Dear Mr. Scott:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "James Guest", written over a horizontal line.

JAMES GUEST, CPA

**COVER LETTER**

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

**SUBJECT: NASTARI SERVICES, 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: JAMES GUEST**

Name (Printed or typed)

**50 KINDRED STREET, SUITE 303**

Address

**STUART, FL 34994**

City, State & Zip

**772-286-9005**

Daytime Telephone number

**JGUEST@GPCPA.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: NASTARI SERVICES, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8219 SE CAMELLIA DR.

HOBE SOUND, FL 33455

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this

Corporation is to engage in any and all business permitted

under the laws of the United States and the State of Florida.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Alan Nastari/President

Address 8219 SE Camellia Dr.  
Hobe Sound, FL 33455

Name and Title: Terri Luchini/VP

Address: 2207 SW Panther Trace  
Stuart, FL 34997

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Robert Guest  
Address: 50 Kindred Street, Suite 303  
Stuart, FL 34994

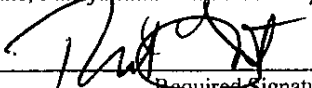
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alan Nastari  
Address: 8219 SE Camellia Dr.  
Hobe Sound, FL 33455

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TALLAHASSEE, FLORIDA

*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

4/22/2014  
\_\_\_\_\_  
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

4/22/2014  
\_\_\_\_\_  
Date