

PK4000077399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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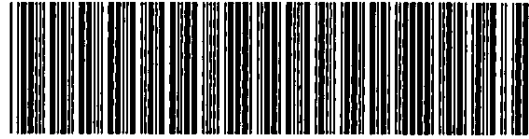
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/14--01014--015 **78.75

FILED
14 SEP 17 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

1114-55015

CMD 9/18

COVER LETTER

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

SUBJECT: NBA, 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: NOAH AARONSON
Name (Printed or typed)

3300 NE 192ST PH M
Address

AVENTURA FL 33180
City, State & Zip

1-305-825-0050
Daytime Telephone number

MICHAEL C ALSOP, COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

NOAH AARONSON
3300 NE 192ND ST., PH-7
AVENTURA, FL 33180

SUBJECT: NBA, INC.
Ref. Number: W14000055015

We have received your document for NBA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00019232

COVER LETTER

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

SUBJECT: NBA14, 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: Noah Arvensan
Name (Printed or typed)

3300 NE 192nd St. # PH-7
Address

Aventura, FL 33180
City, State & Zip

(305) 825-0050
Daytime Telephone number

Michael@alscpa.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: NBA14, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3300 NE 192nd St. #PH-7

N/A

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale and retail sale of ice cream, frozen
yogurt and other frozen and non frozen products

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noah Avanson

Name and Title: President

Address

3300 NE 192nd St. #PH-7

Address:

Aventura, FL 33180

Name and Title: Michael Avanson

Name and Title: Secretary/treasurer

Address

14 Hudson Pl.

Address:

Cranston, RI 02905

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: Noah Aaronson

Address: 3300 NE 192nd St. #PH-7
Aventura, FL 33180

FILED
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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Noah Aaronson

Address: 3300 NE 192nd St. #PH-7
Aventura, FL 33180

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

9/15/14
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

9/15/14
Date