

P14D000082911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

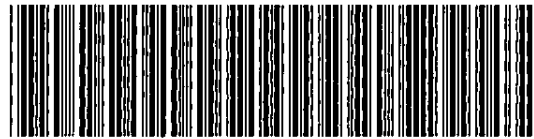
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500264798115

10/09/14--01001--009 \*\*78.75

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
10/09/14  
SUFFOLK COUNTY  
FILING

2014 OCT -8 PM 3:21

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
10/09/14  
SUFFOLK COUNTY  
FILING

14 OCT -8 AM 8:27

## COVER LETTER

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

**SUBJECT:** NADC (Rouyn) 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:** Triad Professional Services, LLC

Name (Printed or typed)

1720 Windward Concourse, Ste 390

Address

Alpharetta, GA 30005

City, State & Zip

770-777-2091

Daytime Telephone number

jbaden@triadpros.com

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

Tina I will pickup!  
Sunshine Corporate & Filing  
Services, Inc.  
3458 Lakeshore Drive  
Tallahassee, FL 32312  
850 508 1891 (call if necessary)

**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: NADC (Rouyn) Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
400 Clematis Street, Suite 201,  
West Palm Beach, Florida 33401

Mailing address, if different is:  
2851 John Street, Suite One,  
Markham, Ontario L3R 5R7

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Holds interest in Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: John W.S. Preston, President

Address: 400 Clematis Street, Suite 201  
West Palm Beach, Florida 33401

Name and Title: Robert S. Green, Vice President

Address: 2851 John Street, Suite One  
Markham, Ontario L3R 5R7

Name and Title: Robert S. Green, Secretary

Address: 2851 John Street, Suite One  
Markham, Ontario L3R 5R7

Name and Title: Robert S. Green, Treasurer

Address: 2851 John Street, Suite One  
Markham, Ontario L3R 5R7

Name and Title: Stephen S.B. Preston, Vice President

Address: 3508 Saint John's Drive  
Dallas, Texas 75205

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

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

14 OCT -8 AM 8:27  
RECORDED  
CLERK OF COURT  
JULIA M. SULLIVAN

(cont.)

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: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert S. Green  
Address: 2851 John Street, Suite One  
Markham, Ontario L3R 5R7

*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*

By: NRAI Services, Inc.  
Assistant Secretary  
Required Signature/Registered Agent

10/7/14  
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

Oct. 7/14  
Date

14 OCT -8 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA