

P15000005742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

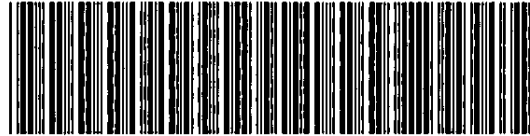
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/15--01016--007 **78.75

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15 JAN 20 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-22-15 CR

COVER LETTER

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

SUBJECT: Nexus Court Reporting, 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: Karen Barbera

Name (Printed or typed)

801 South Federal Highway #1102

Address

Pompano Beach, Florida 33062

City, State & Zip

954-445-0845

Daytime Telephone number

karenbarbera@comcast.net

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

4 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Nexus Court Reporting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

801 South Federal Highway #1102

Pompano Beach, Florida 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Court Reporting Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Barbera, President

Name and Title: _____

Address 501 N.E. 5th Terrace #401

Address: _____

Fort Lauderdale, Florida 33301

Name and Title: Karen Barbera, Vice President

Name and Title: _____

Address 801 South Federal Highway #1102

Address: _____

Pompano Beach, Florida 33062

Name and Title: _____

Name and Title: _____

Address _____

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:

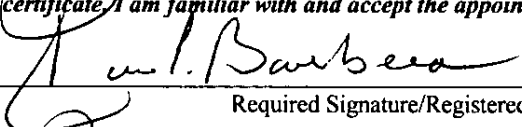
Name: Karen Barbera
Address: 801 South Federal Highway #1102
Pompano Beach, Florida 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

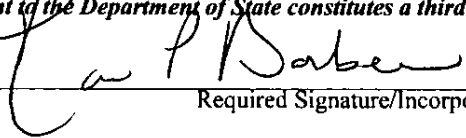
Name: Karen Barbera
Address: 801 South Federal Highway #1102
Pompano Beach, Florida 33062

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

1/16/15
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

1/16/15
Date