P15000012095

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
WIS.	2868	

Office Use Only



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COVER LETTER

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

SUBJECT:	NSB F	noitation	INC.		
	(PROI	POSED CORPORA	ATE NAME –	MUST INC	LUDE SUFFIX)
Enclosed are an orig	inal and one ((1) copy of the ar	ticles of inco	rporation a	nd a check for:
\$70.00 Filing Fee	Filing Fee	ate of Status	Filing I & Certi	Fee fied Copy	Certified Copy & Certificate of Status
			ADDIT	TIONAL C	OPY REQUIRED
FROM:		D L. Z.			
	1023	MANATEE	AVE, Address	<i>ω</i>	STE 712
	Bra	aDenton City	FL , State & Zip	342	05
		941- 586 Daytime	-3697 Telephone nu	mber	
	Z E-mail	ACCAGNIA address: (to be use	VOLE	Q YA annual répor	Hoo. CoM t notification)

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



January 14, 2015

DAVID L. ZACCAGNINO 1023 MANATEE AVE. W. STE 712 BRADENTON, FL 34205

SUBJECT: NSB FOUNDATION INC Ref. Number: W15000002868

We have received your document for NSB FOUNDATION 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):

Should this be a Non-Profit filing?

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 515A00000845

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

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BAADENTON								HOWEE FLOR
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ARTICLE IV SHARE The number of shares of stoo		2						
no number of shares of stor	UK 13							
ARTICLE V INITIA	L OFFICER	S AND/OR	DIRECT	ORS				
Name and Title:	Dario	ZACCAG	NINO	Nam	e and Tit	le: MAUN	i Zaco	AGNINO
Address	Pres	; dent		Add	ress:	Vice	Presiden.	 +
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			FILED 15 JAN 28 PH 1: 40 SECTION OF THE SECTION O
The name and Florida street ac	RED AGENT ddress (P.O. Box NOT acceptable D ZACCAGNINO AVE E		
	es Beach, FC 34		
The <u>name and address</u> of the In			
Name: Dav	iD ZACCAGNINO		
Address: 290	7 AVE E Mes Beach, FC 3		
	ed agent to accept service of proc th and accept the appointment as		
Redi	nired Signature/Registered Agent		1/1/2015
I submit this document and aff document to the Department of	firm that the facts stated herein a State constitutes a third degree fe	re true. I am aware that th	e false information submitted in a 7.155, F.S.
P.E.	ruired Signature/Incorporator		Date