

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000110695 3)))



H150001108953ABC

Note: DO NOT	hit the REFRESH/RELOAD button on your Doing so will generate another cover she	
To:		File up Di
	Division of Corporations Fax Number : (850)617-6381	*PE-SUBMATS-11009"
From:	Account Name : C T CORPORATION STANDARD : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368	reten retain oxcidentating the of submission <u>sle</u>
	l address for this business entity tort mailings. Enter only one email a	
Email Addre		

# FLORIDA PROFIT/NON PROFIT CORPORATION Norfolk GP, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

of 5/12/15 5/6/2015



May 7, 2015

## FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NORFOLK GP, INC.

REF: W15000032426

\*RE-SUBMIT\*
Pieces retain a ight. Hing
date of submission \_5/&

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The registered agent and street address must be consistent wherever it appears in your document.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

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

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H15000110695 Letter Number: 515A00009539

15 KAY 11 PH 2: 19

15 NAY -6 AN II: 40

### **COVER LETTER**

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

SUBJECT:	folk GP, Inc.				
SOBJECT:	(PROPOSED CORPORAT	re name – <u>must inclu</u>	DE SUFFIX		
Enclosed are an o	original and one (1) copy of the artic	cles of incorporation and	a check for:	_	
☐ \$70.00 Filing F∝		S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Stephen H. Schneider Name (	Printed or typed)			
2	2100 South Ocean Lane, unit 512				
	.Ac	dress			
ŀ	ft Lauderdale, FL 33316				
	City, S	tate & Zip		돌 <sup>소</sup> <b>ઝ</b>	
5	508-868-7505			**************************************	
_	Daytime Tel	ephone number			71
ķ	cnsp@aol.com				
_	E-mail address: (to be used  NOTE: Please provide the ori	,	·	WITH 40	Ü.

5/11/2015 12:34:02 PM From: To: 8506176381( 4/5 )

FILED

#### ARTICLES OF INCORPORATION

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

15 MAY -6 AM 11: 40

e of the corp	Norfolk GP, Inc.	SECRETARY OF TRANSPORTED TO THE SECRETARY OF TRANSPORTED TO TH
	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
nville, FL 32	246	
CLE III P	URPOSE ch the corporation is organized is:	cipate as a general partner of an owner of affordable housing
		<del>-</del> -
CLE IV S	HARES 100 Shares	
INDEL OF PHREE	HARES 100 Shares of stock is:	
Linca or Sheres	NITIAL OFFICERS AND/OR DIRECT	FORS  Name and Title:
CLE V I	NITIAL OFFICERS AND/OR DIRECT	•
CLE V II	NITIAL OFFICERS AND/OR DIRECT  itle:  2100 South Ocean Lane, unit 512  Pt Lauderdale, FL 33316	Name and Title:
Name and T	MITIAL OFFICERS AND/OR DIRECT  Mile: Stephen H. Schneider, Prosident  2100 South Ocean Lane, unit 512  Fi Lauderdale, FL 33316	Name and Title:  Address:
Name and T Address	MITIAL OFFICERS AND/OR DIRECT  Mile: Stephen H. Schneider, Prosident  2100 South Ocean Lane, unit 512  Fi Lauderdale, FL 33316	Name and Title:
Name and T	NITIAL OFFICERS AND/OR DIRECT  itle:  Stephen H. Schneider, Prosident  2100 South Ocean Lane, unit 512  Ft Lauderdale, FL 33316  Darnian Doyle, Secretary	Name and Title:  Address:
Name and T Address	NITIAL OFFICERS AND/OR DIRECT  Title: Stephen H. Schneider, Prosident  2100 South Ocean Lane, unit 512  Fi Lauderdale, FL 33316  Damian Doyle, Secretary  1301 Pleasant Street  Worcester MA, 01602	Name and Title:  Address:  Name and Title:  Address:
Name and T Address	NITIAL OFFICERS AND/OR DIRECT  Title: Stephen H. Schneider, Prosident  2100 South Ocean Lane, unit 512  Fi Lauderdale, FL 33316  Damian Doyle, Secretary  1301 Pleasant Street  Worcester MA, 01602	Name and Title:  Address:  Name and Title:  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: Keith A. James, Esq. Name: 105 South Narcissus Avenue Suite 505 Address: West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Stephen H. Schneider Name: 2100 South Ocean Lane, unit 512 Address: Ft Lauderdale, FL 33316 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 Regulated Signature/Registered Agent Mey 4 2015 By: 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

Stephen H. Schneider

15 MAY -6 MI II: 40

FLODI - 05/20/2913 Welters Klewer Colors