

P 15000046649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

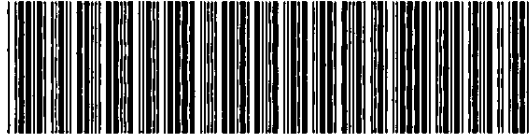
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLIANCE STATE, FLORIDA

5/27/15

COVER LETTER

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

SUBJECT: NS TRANSPORTATION ASSOCIATES, 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: NS TRANSPORTATION ASSOCIATES, INC.
Name (Printed or typed)

2135 ISLAND DR.
Address

VERO BEACH, FL 32963
City, State & Zip

772-567-6522
Daytime Telephone number

RONTFA41Kne@ATT.NET
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 05/19/15

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

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ARTICLE I NAME
The name of the corporation shall be: NS TRANSPORTATION ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
2135 ISLAND DR.
VERO BEACH, FL 32963

Mailing address, if different is:
PO BOX 648024
VERO BEACH, FL 32964

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES
The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DANIEL R. FAULKNER</u>	Name and Title:	<u>RONALD R. FAULKNER</u>
Address	<u>PRESIDENT</u>	Address:	<u>CFO</u>
	<u>2129 RURITAN RD.</u>		<u>2135 ISLAND DR.</u>
	<u>ROANOKE, VA 24012</u>		<u>VERO BEACH, FL 32963</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: RONALD R. FAULKNER
 Address: 7556 15TH STREET
VERO BEACH, FL 32966

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DANIEL R. FAULKNER
 Address: 2129 RURITAN RD.
ROANOKE, VA 24012


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 19, 2015 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 05-19-2015
 Required Signature/Registered Agent 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.

 05-19-2015
 Required Signature/Incorporator Date