

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Norfolk Development, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

MD 5/29

15 MAY 28 AM 10:13

NOTICE

COVER LETTER

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

SUBJECT: Norfolk Development, 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: Stephen H. Schneider

Name (Printed or typed)

2205 Spanish Moss Drive

Address

Jacksonville, FL 32246

City, State & Zip

508-868-7505

Daytime Telephone number

kcns@aol.com

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

ARTICLE I NAME
The name of the corporation shall be: Norfolk Development, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2205 Spanish Moss Drive

Jacksonville, FL 32246

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to participate as a developer of an owner of affordable housing

ARTICLE IV SHARES
The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen H. Schneider, President Name and Title: _____

Address 2205 Spanish Moss Drive Address: _____
Jacksonville, FL 32246 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

5/28/2015 9:55:16 AM From: To: 8506176381(4/4)

(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: Keith James E. Sq.
Address: 120 South Olive, suite 701
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Stephen H. Schneider
Address: 2205 Spanish Moss Drive
Jacksonville, FL 32246

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: Keith James E. Sq.
Required Signature/Registered Agent

5/7/2015
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.

Stephen H. Schneider
Required Signature/Incorporator

May 5, 2015
Date

Stephen H. Schneider