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2015 OCT 21 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2015

T. BROWN

COVER LETTER

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

SUBJECT: NSW CONSULTING 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: NATHAN WILSON

Name (Printed or typed)

1015 SPANISH RIVER ROAD, APT 310

Address

BOCA RATON, FLORIDA 33432

City, State & Zip

561-414-1324

Daytime Telephone number

NATEFORTE561@GMAIL.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME NSW CONSULTING INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

1015 SPANISH RIVER ROAD, APT 310 _____

BOCA RATON, FLORIDA 33432 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH
CORPORATIONS MAY BE INCORPORATED IN THIS STATE.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>NATHAN WILSON, PRESIDENT</u>	Name and Title:	_____
Address	<u>1015 SPANISH RIVER ROAD, APT 310</u>	Address:	_____
	<u>BOCA RATON, FL 33432</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: MICHELLE KERSHBERG
Address: 1015 SPANISH RIVER RD, APT 310
BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATHAN WILSON
Address: 1015 SPANISH RIVER RD, APT 310
BOCA RATON, FL 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature/Registered Agent
10/13/2015
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.

Required Signature/Incorporator
10/13/2015
Date