

PI6000069059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

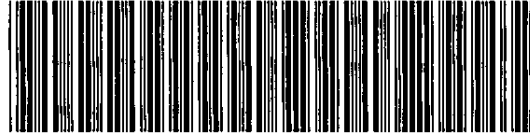
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/15/16--01014--001 **78.75

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COVER LETTER

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

SUBJECT: NORTH ATLANTA DREAM HOMES, 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: KIMBERLY VACCA
Name (Printed or typed)

1735 WINDSOR COVE
Address

MILTON, GA 30004
City, State & Zip

(404) 759-4238
Daytime Telephone number

vaccakimberly@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)

ARTICLE I NAME

The name of the corporation shall be: NORTH ATLANTA DREAM HOMES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1735 WINDSOR COVE

MILTON, GA 30004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

REAL ESTATE SERVICES INCLUDING:

REPRESENTATION FOR SALES AND PURCHASES OF PROPERTIES AND HOMES, HOME STAGING,

RENOVATIONS, APPRAISALS AND INSPECTIONS

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIMBERLY VACCA, PRESIDENT

Address

1735 WINDSOR COVE

MILTON, GA 30004

Name and Title: THOMAS VACCA, Officer

Address:

1735 WINDSOR COVE

MILTON, GA 30004

Name and Title: MICHAEL MAGANN, Vice-President

Address

10815 NW 5 ST.

PLANTATION, FL 33324

Name and Title: _____

Address: _____

Name and Title: STUART VACCA, Director

Address

1735 WINDSOR COVE

MILTON, GA 30004

Name and Title: _____

Address: _____

16 AUG 15 AM 7:15
MILTON, GA

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: MICHAEL MAGANN, VICE-PRESIDENT
Address: 10815 NW 5 ST.
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

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

Name: KIMBERLY VACCA, PRESIDENT
Address: 1735 WINDSOR COVE
MILTON, GA 30004

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/08/2016 (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 08/08/2016
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 08/08/2016
Date