

P 16 0000 75992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

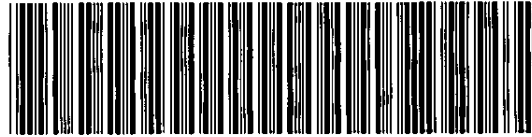
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 AUGUST 2014  
SUFFICIENCY OF FILING

16 SEP 14 PM 2:40

RECEIVED

16 SEP 14 PM 12:53

FILED

9/15/14

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 290519 4809065

AUTHORIZATION :



COST LIMIT : \$ 78.75

ORDER DATE : September 14, 2016

ORDER TIME : 12:15 PM

ORDER NO. : 290519-020

CUSTOMER NO: 4809065

DOMESTIC FILING

NAME: NSGC OF FLORIDA, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** NSGC of Florida, 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:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

16 SEP 16 2012 53

FILED

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

FILED

16 SEP 14 PM 12:53

**ARTICLE I NAME**

The name of the corporation shall be: NSGC of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11 Daniel Road East

Fairfield, NJ 07004

**ARTICLE III PURPOSE**

The purposes for which the corporation is organized to engage in any lawful business for which corporations may be incorporated under the provisions of the Florida Statutes.

**ARTICLE IV SHARES**

The number of shares of stock is: One thousand (1,000) and no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael R. Stevens, Director

Name and Title: Steven J. Marovitz, Vice President

Address: 1170 Massey Street  
Naples, Florida 34120

Address: 26 Heather Lane  
Randolph, NJ, 07869

Name and Title: Michael R. Stevens, President

Name and Title: Steven J. Marovitz, Treasurer

Address: 1170 Massey Street  
Naples, Florida 34120

Address: 26 Heather Lane  
Randolph, NJ, 07869

Name and Title: Michael R. Stevens, Secretary

Name and Title:

Address: 1170 Massey Street  
Naples, Florida 34120

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

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

Name: Christopher S. Davidson

Address: 750 E. Pratt Street, Suite 900

Baltimore, MD 21202

**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*

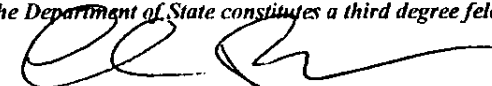
By: \_\_\_\_\_

  
Required Signature/Registered Agent

Melissa Zender  
Asst. Vice President

9/14/16  
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

9/9/2016  
Date