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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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: _____

RECEIVED

17 JUN 29 PM 3:25

FLORIDA DEPARTMENT OF
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

NHP Exports, Inc.

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

06/30/17

COVER LETTER

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

SUBJECT: NHP Exports, 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:** Capitol Services - Corporate Filings Team

Name (Printed or typed)

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City, State & Zip

(800) 345-4647

Daytime Telephone number

AHaley@zmflaw.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 NAMEThe name of the corporation shall be: NHP Exports, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

125 SW 3rd Place, Suite 205Cape Coral, FL 33991**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

IC-DISC Commission**ARTICLE IV SHARES**The number of shares of stock is: 3,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Steven Rye - CEOName and Title: Steven Rye - SecretaryAddress: 125 SW 3rd Place, Suite 205Address: 125 SW 3rd Place, Suite 205Cape Coral, FL 33991Cape Coral, FL 33991Name and Title: Steven Rye - TreasurerName and Title: Steven Rye - DirectorAddress: 125 SW 3rd Place, Suite 205Address: 125 SW 3rd Place, Suite 205Cape Coral, FL 33991Cape Coral, FL 33991

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.
Address: 155 Office Plaza Dr Ste A
Tallahassee FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: James R. Murphy
Address: 3009 Post Oak Blvd., Ste. 1600
Houston, TX 77056

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 days prior or 90 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

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc. 6/29/17
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.

[Signature] 6/29/17
Required Signature/Incorporator Date