

P17000069574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

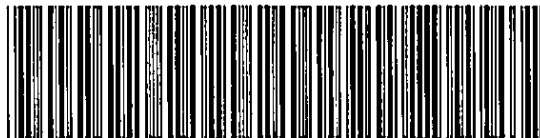
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 17 AM 10:03
DEPT OF STATE
TALLAHASSEE FLORIDA

Handwritten signature 08/18/17

COVER LETTER

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

SUBJECT: NSB Inlet Appraisals, 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: Andrew J Berse

Name (Printed or typed)

33 Oak Tree Dr

Address

New Smyrna Beach, Fl, 32169

City, State & Zip

386-846-8412

Daytime Telephone number

bersca@bellsouth.net

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 NSB Inlet Appraisals, Inc.
The name of the corporation shall be: _____

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

33 Oak Tree Dr _____

New Smyrna Beach, FL, 32169 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1
The number of shares of stock is: _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-----------------------------|-----------------|-------|
| Name and Title: | Andrew J Berse / President | Name and Title: | _____ |
| Address | 33 Oak Tree Dr | Address: | _____ |
| | New Smyrna Beach, FL, 32169 | | _____ |
| | _____ | | _____ |
| 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: Andrew J Berse
 Address: 33 Oak Tree Dr
 New Smyrna Beach, FL, 32169

DEPARTMENT OF STATE
 FALL BUREAU OF FLORIDA
 17 AUG 17 AM 10:03
 1111

ARTICLE VII INCORPORATOR

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

Name: Andrew J Berse
 Address: 33 Oak Tree Dr
 New Smyrna Beach, FL, 32169

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:

Andrew J Berse 08/10/2017
 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.

Andrew J Berse 08/10/2017
 Required Signature/Incorporator Date