

9/25/2017

Division of Corporations

PN000077463

Florida Department of State  
Division of Corporations  
Electronic Filings Cover Sheet

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(((H170002520213)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (512)418-6949

Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****National Marketplace Advertising Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
17 SEP 26 AM 8:13  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
17 SEP 26 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SEP 27 2017

K. Brumbley

**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: National Marketplace Advertising Corporation

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

305 Main StreetP.O. Box 1659Destin, FL 32541Destin, FL 32540**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: National Advertising Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert L. Christensen, PresidentName and Title: James M. Hall, Director

Address: 305 Main Street  
Destin, FL 32541

Address: 305 Main Street  
Destin, FL 32541

Name and Title: Kimberly S. Modlin, SecretaryName and Title: Robert L. Christensen, Chairman of the Board

Address: 305 Main Street  
Destin, FL 32541

Address: 305 Main Street  
Destin, FL 32541

Name and Title: Robert L. Christensen, Director

Name and Title: \_\_\_\_\_

Address: 305 Main Street  
Destin, FL 32541

Address: \_\_\_\_\_

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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: Kimberly S. Modlin  
Address: 305 Main Street  
Destin, FL 32541

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Kimberly S. Modlin  
Address: 305 Main Street  
Destin, FL 32541

**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*

By: Kimberly S. Modlin  
Required Signature/Registered Agent

9/25/17  
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.*

Kimberly S. Modlin  
Required Signature/Incorporator

9/25/17  
Date