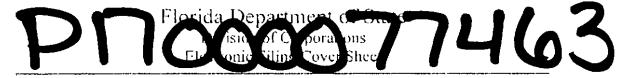
9/25/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002520213)))



H170002520213ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (512)418-6949 Phone 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

Electronic Filing Menu Corporate Filing Menu

Help

SEP 2 7 2017

K. Brumbley

<u>ن</u> • ۱

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

ARTICLE I NAME The name of the corporat	National Marketplace Advertion shall be:	tising Corporation	
ARTICI,E II PRINC	IPAL OFFICE Principal street address		Mailing address, if different is:
305 Main Street		P.O. Box	1659
Destin, FL 32541		Destin, F	L 32540
ARTICLE III PURPO The purpose for which to	<u>DSE</u> he corporation is organized is:	dvertising Sales	
ARTICLE IV SHAR! The number of shares of			17 SEP 26 AH 8:
	L OFFICERS AND/OR DIRECTORS Robert L. Christensen, President		James M. Hall. Director
Name and Title	305 Main Street	Name and Title	James M. Hall, Director 305 Main Street
Address	Destin, FL 32541	Address:	Destin, FL 32541
Name and Title: Address	Kimberly S. Modlin, Secretary 305 Main Street Destin, FL 32541	Name and Title Address:	Robert L. Christensen, Charman of the Board 305 Math Street Destin, FL 32541
Name and Title: Address	Robert L. Christensen, Director 305 Main Street Destin, FL 32541	Name and Title Address:	:
			

Name and Title:		Name and Title:			
Addres	·s	Address:			
					
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	stable) of the registered agent is:			
Name:	Kimberly S. Modlin				
Address:	305 Main Street				
	Destin, FL 32541				
ARTICI F VII	<u>INCORPORATOR</u>				
	address of the Incorporator is:				
Name:	Kimberly S. Modlin				
Address:	305 Main Street				
	Destin, FL 32541				
ARTICI F VIII	EFFECTIVE DATE:				
Effective date, i	f other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific an	d cannot be more than five days p	rior or 90 days after the		
	te inserted in this block does not meet the ap		s, this date will not be listed a:		
the document's	effective date on the Department of State's r	ecords.			
	med as registered agent to accept service of				
this ceptificate, i	fim familiar with gnd accept the appointme	nt as registered agent and agree to	act in this capacity		
uma	Required Signature/Registered Ag) =n!	9/25/17		
fambonia dhi- d-	/				
document to the	cument and affirm that the facts stated her Department of State constitutes a third deg	rein are irue. I am aware that the j ree felony as provided for in s.817.1	aise information submitted in 55, F.S. 1		
Esmo	enly & Modern	<u> </u>	9/25/17		
Requ	nired Signature/Incorporator		Date		