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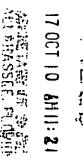
(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
☐ PICK-UP	☐ WAIT	MAIL	
	··		
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		}	
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OCT 1 1 2017

K. Brumbley

COVER LETTER

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

Per NAR SUBJECT:	Per N	or 1strom P.	<i>A</i> .
	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	icles of incorporation and	d a check for:
Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PPY REQUIRED
FROM: Per	Nordstrom Nam	e (Printed or typed)	
790	Placid Lake Dr		
		Address	
Osp	ery, FL 34229		
	City	, State & Zip	
941	228 1080		
	Daytime	Telephone number	
per((teamnordstrom.com		
	E-mail address: (to be use	d 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 The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address 790 Placid Lake Dr	Mailing ac	ddress, if different is:
Osprey, FL 34229		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Real estate Agent in Florida		l Estate services as a
ARTICLE IV SHARES The number of shares of stock is:		17 OCT 10
Name and Title: Per Nordstrom, President 790 Placid LAke Dr Osprey, Ft. 34229		
Name and Title:Address	Address:	
Name and Title:Address	Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
	- 	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered quest is:
Name:	Per Nordstrom	of the registered agent is.
Address:	790 Placid Lake Dr	_
_	Osprey, FL 34229	
		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	iddress of the Incorporator is:	
Name:	Per Nordstrom	
Address:	790 Placid Lake Dr	<u> </u>
	Osprey, Fl 34229	
	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and can	not be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicate effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
	am familiar with and accept the appointment as	
()	Required Signature/Registered Agent	70 - 04 - 12 Date
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a only as provided for in s.817.155, F.S.
(
Real	aired Signature/Incorporator	