

P18000000313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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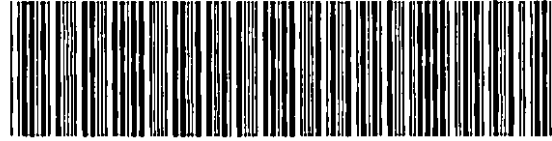
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN -2 PM12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN -3 2017
C Kinsey

COVER LETTER

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

SUBJECT: Northstar Financial Advisors, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Richard E Berse

Name (Printed or typed)

2917 South Ocean Boulevard Apt 905

Address

Highland Beach, Florida 33487

City, State & Zip

973 896-6666

Daytime Telephone number

northstar@nfai.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 NAME

The name of the corporation shall be: Northstar Financial Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2917 South Ocean Boulevard Apt 905

Mailing address, if different is:

Highland Beach, Florida 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Planning and Investment Advisory

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard E Berse - President

Name and Title: _____

Address 2917 South Ocean Boulevard Apt 905

Address: _____

Highland Beach, Florida 33487

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Richard E Berse _____

Address: 2917 South Ocean Boulevard Apt 905 _____

Highland Beach, Florida 33487 _____

ARTICLE VII INCORPORATOR

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

Name: Richard E Berse _____

Address: 2917 South Ocean Boulevard Apt 905 _____

Highland Beach, Florida 33487 _____

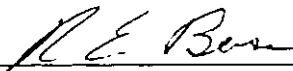
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2018 _____ (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



Required Signature/Registered Agent

January 1, 2018

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.



Required Signature/Incorporator

1/1/18

Date