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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: hny5755@AOL.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NMD GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

N. SAMS
JAN 05 2018

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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: NMD GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8177 GLADES ROAD SUITE 215

BOCA RATON, FL 33434

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COLLECTION AGENCY

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DORINNE GERSTIN, PRES.

Address 8177 GLADES ROAD SUITE 215
BOCA RATON, FL 33434

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: DORINNE GERSTIN

Address: 8177 GLADES RD SUITE 215

BOCA RATON, FL 33434

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DORINNE GERSTIN

Address: 8177 GLADES RD SUITE 215

BOCA RATON, FL 33434

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 blank 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.

Dorinne R Gerstin 1/3/18

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.

Dorinne R Gerstin 1/3/18

Required Signature/Incorporator Date