

P18000001016

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000004692 3)))



H180000046923ABC/

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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

FILED
18 JAN -4 PM 3:00
STATE DEPT OF CORP
TALLAHASSEE, FLORIDA

****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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NMD GROUP, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
8177 GLADES ROAD SUITE 215BOCA RATON, FL 33434Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: COLLECTION AGENCY

_____**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: _____

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18 JAN -4 PM 3:00
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe 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

ARTICLE VII INCORPORATORThe 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 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.

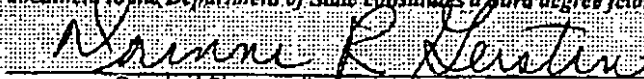


Required Signature/Registered Agent

1/3/18

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 §817.155, F.S.



Required Signature/Incorporator

1/3/18

Date