

Division of Corporations

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P18000011386

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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
N S P DELIVERY SERVICES INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

FEB 05 2018

K. Brumbley

2/2/18, 3:26 PM

COVER LETTER

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

SUBJECT: N S P DELIVERY SERVICES 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Steven Siegel, CPA

Name (Printed or typed)

1754 Kennedy Boulevard

Address

Jersey City NJ 07305

City, State & Zip

201 435-1999

Daytime Telephone number

sg10401120@aol.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 N S P DELIVERY SERVICES INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1443 SW 150TH TERRACE _____
SUNRISE FL 33326 _____

ARTICLE III PURPOSE DELIVERY SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-----------------------------|-----------------|-------|
| Name and Title: | NICHOLAS PARBHOO -PRESIDENT | Name and Title: | _____ |
| Address | 1443 SW 150TH TERRACE | Address: | _____ |
| | SUNRISE FL 33326 | | _____ |
| | _____ | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

FILED
18 FEB -2 PM 10:04
CLERK OF STATE
TALLAHASSEE, 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: NICHOLAS PARBHOO

Address: 1443 SW 150TH TERRACE

SUNRISE FL 33326

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: NICHOLAS PARBHOO

Address: 1443 SW 150TH TERRACE

SUNRISE FL 33326

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: UPON 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

Nicholas Parbhoo

Required Signature/Registered Agent

02/02/18

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 s.817.155, F.S.

Nicholas Parbhoo

Required Signature/Incorporator

02/02/18

Date