

5/10/2018

Division of Corporations

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION NANCY BECKER PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 10 PM 1:20

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MAY 11 2018

K. PAGE

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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: NANCY BECKER PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

145 GREGORY PLACE

WEST PALM BEACH, FLORIDA 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BUY AND SELL REAL ESTATE ON BEHALF OF OTHERS

AND TO DO ANY AND ALL LEGAL BUSINESS IN THE STATE OF FLORIDA AND UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NANCY BECKER PRESIDENT

Name and Title: _____

Address 145 GREGORY PLACE

Address: _____

WEST PALM BEACH, FL 33405

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: NANCY BECKER
Address: 145 GREGORY PLACE
WEST PALM BEACH, FL 33405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NANCY BECKER
Address: 145 GREGORY PLACE
WEST PALM BEACH, FL 33405

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

* Nancy Becker 5/10/18
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.

* Nancy Becker 5/10/18
Required Signature/Incorporator Date

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