P 8000093823

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
:				
		i		

Office Use Only

1.5V 16 7.18



200320483892

11/13/18--01019--020 **78.75

WALLEY OF

16 KOV 13 KHH: 05

COVER LETTER

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

SUBJECT:	NR Link, Inc	<u>.</u>	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Nancy A. Rich	mond c (Printed or typed)	
	416 Duart		
	Lady Lake City.	71. 32159 State & Zip	
	734-558-65 Daytime T Nancy Rplus	clephone number Grant Co	m

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)

The name of the corporation	on shall be: NR Link	Inc.	
<u>ARTICLE II PRINCI.</u> P	PAL OFFICE rincipal street address	Mailing	address, if different is:
All Du	irte Ln.		
Lady Lat	6, 71. 32169	<u></u>	
· ·	corporation is organized is:		
Sale allow	s Representive red under State	and any o	other activity
	ock is: 1000 OFFICERS ANDIOR DIRECTORS		
Name and Title:_ Address	Nancy A Richmond President		
-	Alle Duarte Lo.		AGN 910
Name and Title:_			.) <u>.</u> 3
		Address:	
Name and Title:			
-		_	

Name and Title:	Name and Title	e:
Address	Address:	
ARTICLE VI REGISTERED		
	Iress (P.O. Box NOT acceptable) of the registered at	gent is:
Name: Nanci	y A. Richmond	
Address: 416	Buarte Ln.	
Ladi	y Lake, H. 32169	
ARTICLE VII INCORPORAT	<u>OR</u>	
The name and address of the Inco	orporator is:	
Name: Name:	ray A. Richmond	
Address: 416	Duarte Lh.	
<u>La</u>	dy Lak, 71, 32159	
ARTICLE VIII EFFECTIVE I	DATE: ate of filing:(C	DITTION ALL
	e date must be specific and cannot be more than	
	block does not meet the applicable statutory filing r the Department of State's records.	requirements, this date will not be listed as
	I agent to accept service of process for the above st a and accept the appointment as registered agent an	
Ma, n.F		11-8-2018
Requir	red Signature/Registered Agent	11 - 8 - 2018 Date
I submit this document and affir	m that the facts stated herein are true. I am awar	re that the false information submitted in a
document to the Department of St	tate constitutes a third degree felony as provided for	r in s.817.155, F.S.
Max-	9 Richel	11-8-5018
Required Signature Ancorporator		Date

- Jon

IRS Employer I.D. nomber:

45-0488324