

PI9000080513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

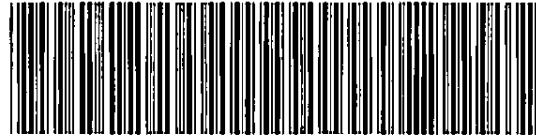
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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N SAMS  
OCT 29 2019



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07/29/19--01031--023 \*\*87.50

FILED  
2019 OCT 28 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 27<sup>th</sup>, 2019

FLORIDA DEPT OF STATE  
Division of Corporations  
Corporate Records  
PO BOX 6327  
Tallahassee, FL 32314

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SECRETARY OF  
TALLAHASSEE, FL

Re: Letter Number: 519A00016415 (copy / attachment)

Attn.: Nadira D McClees-Sams, Regulatory Specialist II

Nadira:

Enclosed, I am returning with revisions, my request for a 'new corporation name', complying with the instructions you provided. As mentioned, the \$87.50 was already paid (and acknowledged) by the (copy) of your letter. If this is suitable, please forward the document number as soon as possible for my records and needs or benefits of moving forward.

Thank you.

Regards,



J. Terry Gelsomino  
6517 Pioneer Rd  
WPB FL 33413

Attachments

2019 OCT 27 PM 1:13

## COVER LETTER

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

**SUBJECT:** NCSS & Associates, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** J Terry Gelsomino

\_\_\_\_\_  
Name (Printed or typed)

6517 Pioneer Rd

\_\_\_\_\_  
Address

West Palm Beach, FL 33413

\_\_\_\_\_  
City, State & Zip

561 308 6264

\_\_\_\_\_  
Daytime Telephone number

jterrygelsomino@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

The name of the corporation shall be: NCSS & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6517 Pioneer Rd

West Palm Beach, FL 33413

Mailing address, if different is:

PO Box 19803

West Palm Beach, FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Contractor Consulting / Advisory / Marketing / Systems & Services / Vendor Purchasing Agent

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TALLAHASSEE, FL 32399

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J. Terry Gelsomino, Pres / Tr. /Sec.

Name and Title:

Address 6517 Pioneer Rd

Address:

West Palm Beach, FL 33413

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: J Terry Gelsomino  
Address: 6517 Pioneer Rd  
West Palm Beach, FL 33413

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TALLAHASSEE, FL 32399

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: J Terry Gelsomino  
Address: 6517 Pioneer Rd  
West Palm Beach, FL 33413

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

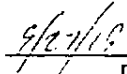
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

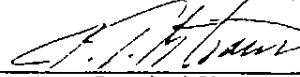


Required Signature/Registered Agent

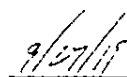


Date

*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.*



Required Signature/Incorporator



Date