

P21000079300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

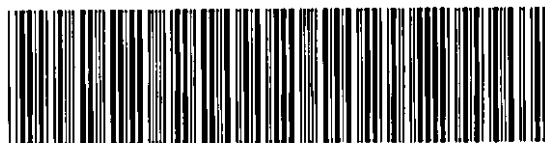
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

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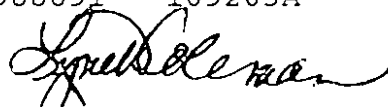
DL

6ORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 988691 109203A

AUTHORIZATION :



COST LIMIT : \$ 70.00

-----  
ORDER DATE : September 3, 2021

ORDER TIME : 8:56 AM

ORDER NO. : 988691-005

CUSTOMER NO: 109203A  
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DOMESTIC FILING

NAME: NATIONAL DEALER SUPPLIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** NATIONAL DEALER SUPPLIES, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** STEVEN R. AMSTER, ESQ.  
Name (Printed or typed)

1000 N. HIATUS ROAD, SUITE 103  
Address

PEMBROKE PINES, FL 33026  
City, State & Zip

954-771-8277 EXT 111  
Daytime Telephone number

samster@kodsilawfirm.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: NATIONAL DEALER SUPPLIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5900 Stirling Road, Suite 4  
Hollywood, FL 33021

Mailing address, if different is:  
5900 Stirling Road, Suite 4  
Hollywood, FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for any and all legal purposes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HARRISON LERNER, PRESIDENT Name and Title: \_\_\_\_\_

Address 5900 STIRLING ROAD, SUITE 4 Address: \_\_\_\_\_  
HOLLYWOOD, FL 33021 \_\_\_\_\_  
\_\_\_\_\_

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: KODSI LAW FIRM, P.A.  
ATTN: STEVEN R. AMSTER, ESQ.  
Address: 1000 N HIATUS ROAD, SUITE 103  
PEMBROKE PINES, FL 33026

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

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

Name: Steven R. Amster  
Address: 1000 N Hiatus Road, Suite 103  
Pembroke Pines, FL 33026

**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*

Steven R. Amster

Required Signature/Registered Agent

03 Sept 2021

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.*

Steven R. Amster

Required Signature/Incorporator

03 Sept 2021

Date