

10/4/23, 12:22 PM

Merritt Walker 8000323622

10/04/2023 11:41:42 AM

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
NORBECK INVESTMENTS, INC.**

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

RECEIVED
2023 OCT -4 PM 2:07

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FLORIDA DEPARTMENT OF STATE

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COVER LETTER

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

SUBJECT: Norbeck Investments, 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: Capitol Services - Corporate Filings Team
Name (Printed or typed)

515 East Park Avenue 2nd Fl
Address

Tallahassee, FL 32301
City, State & Zip

(855) 498 - 5500
Daytime Telephone number

martinez.ca826@gmail.com
E-mail address: (to be used for future annual report notification)

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Tallahassee, FL
STATE

NOTE: Please provide the original and one copy of the articles.

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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: Norbeck Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

11401 NW 134th St., Suite 105
Medley, Florida 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business or activity allowed under the laws of the state.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of common stock, \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gema Norbeck, President Name and Title: _____

Address 11401 NW 134th St., Suite 105 Address: _____
Medley, Florida 33178 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE OF FLORIDA
TALLAHASSEE, FL

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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: Capitol Corporate Services, Inc.
 Address: 515 East Park Avenue 2nd Fl
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce H. Hallett
 Address: 1445 Ross Avenue, Suite 2400
Dallas, TX 75202

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 SECRETARY OF STATE
 TALLAHASSEE, FL
 FILED

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

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf
 of Capitol Corporate Services, Inc. 10/4/23
 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.

Bruce Hallett
 Required Signature/Incorporator 10-4-2023
 Date