

P23000072472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

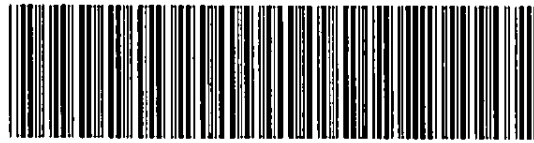
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700415616907

S. CHATFIELD
OCT 10 2023

10/11/23--01003--005 **207.50

2023 OCT 10 PM 4:04

RECEIVED

RECEIVED
RECORDS OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 10 PM 4:50

RECEIVED

COVER LETTER

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

SUBJECT: NOREI CORP. 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
ADDITIONAL COPY REQUIRED	

FROM: _____
Name (Printed or typed)

1334 Vickers Road Tallahassee FL 32303 Suite #1
Address

Tallahassee, Florida 32303
City, State & Zip

850-536-0804
Daytime Telephone number

dravin1@yahoo.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: NOREI Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
1334 Vickers Rd.
Tallahassee, FL 32303
Suite #2

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A network of real estate
investors with an emphasis on acquisition, rehab
fix, flip, hold, sell, purchase, New Construction
development to become a financial service
provider.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DWAYNE Gavin, President Name and Title: _____

Address: 3797 Esplanade Way Address: _____
Tallahassee, FL
32311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2007 OCT 10 PM 4:04

675 1.25

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: Dwayne Gavin, President

Address: 3797 Esplanade Way
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dwayne Gavin

Address: 3797 Esplanade Way
Tallahassee, Florida 32311 US

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-9-2023 (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

Dwayne Gavin
Required Signature/Registered Agent

10.6.2023
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.

Dwayne Gavin
Required Signature/Incorporator

10.6.2023
Date

2023 OCT 10 PM 4:04