

P10000084754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

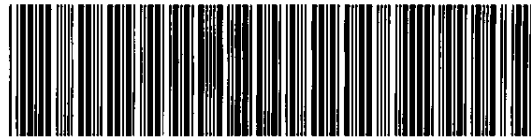
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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10/12/10--01007--004 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 12 PM 2:19

10/18/10

**COVER LETTER**

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

**SUBJECT: NWJ DENT REPAIR 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: NORMAN W JOHNSON**  
Name (Printed or typed)

**141 CALIFORNIA AVENUE, APT 8**  
Address

**COCOA BEACH, FL 32931**  
City, State & Zip

**352-857-0696**  
Daytime Telephone number

**normjohnson42@yahoo.com**  
E-mail address: (to be used for future annual report notification)

**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)

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**ARTICLE I NAME** NWJ DENT REPAIR INC  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
141 CALIFORNIA AVENUE, APT 8  
COCOA BEACH, FL 32931

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: NORMAN W JOHNSON, PRESIDENT Name and Title: \_\_\_\_\_  
Address: 141 CALIFORNIA AVENUE, APT 8 Address: \_\_\_\_\_  
COCOA BEACH, FL 32931 \_\_\_\_\_

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:

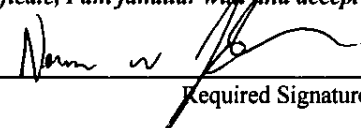
Name: NORMAN W JOHNSON, PRESIDENT  
Address: 141 CALIFORNIA AVENUE, APT 8  
COCOA BEACH, FL 32931

**ARTICLE VII INCORPORATOR**

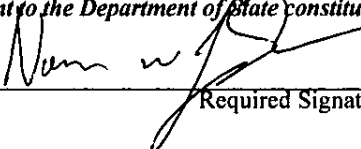
The name and address of the Incorporator is:

Name: NORMAN W JOHNSON, PRESIDENT  
Address: 141 CALIFORNIA AVENUE, APT 8  
COCOA BEACH, FL 32931

*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 OCT 8, 2010 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 OCT 8, 2010 Date