

P12000067764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

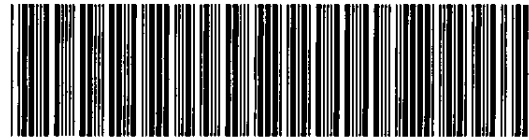
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600238078566

08/03/12--01019--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -3 AM 11:44

PS [Handwritten signature]

COVER LETTER

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

SUBJECT: N.P. 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
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: Linda E Fisher
Name (Printed or typed)

2107 Coral Point Drive
Address

Cape Coral, Florida 33990
City, State & Zip

239-574-4064
Daytime Telephone number

Lidlace@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

N.P. Associates, Inc

12 AUG -3 AM 11:44

ARTICLE II PRINCIPAL OFFICE

Principal street address

*2107 Coral Point Dr.
Cape Coral, Florida
33990*

Mailing address, if different is:

*2107 Coral Point Drive
Cape Coral, Florida
33990*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To conduct business in the State of Florida as an
Interior Design Consultant*

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Linda E Fisher President* Name and Title: _____
Address: *2107 Coral Point Drive* Address: _____
Cape Coral Florida _____
33990 _____

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: *Linda E Fisher*
Address: *2107 Coral Point Dr.
Cape Coral FL 33990*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Linda E Fisher*
Address: *2107 Coral Point Dr.
Cape Coral FL 33990*

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

Linda E Fisher
Required Signature/Registered Agent

July 27 2012
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.

Linda E Fisher
Required Signature/Incorporator

July 27 2012
Date