## N12am4723

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Signaturally)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Linuty Marile)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12 MAY ID DM 1:52

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## **COVER LETTER**

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

SUBJECT: _	Metworking to Meet the Needs (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	Inc.
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	,

closed is an original	and one (1) copy of the Ai	nicles of incorporation and	a cneck 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	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
	12 4	X - 0 - 5	b.	

Name (Printed or typed)

77/4 Gaston Drive
Address

Port Richey Florida 34.668

City, State & Zip)

Daytime Telephone number

Wet 2 mt n @ yakoo - 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 617, F.S., (Not for Profit)

The name of the	corporation shall be: Network	ing & Meet the New	FILED SECRETARY OF STATE eds, Indivision of Corporations
ARTICLE II	PRINCIPAL OFFICE		12 FAY 10 PM 1:52 Mailing address, if different is:
	Principal <u>street</u> address	Do-1120	Mailing address, if different is:
	Port Richen F	Corida	· · · · · · · · · · · · · · · · ·
		34668	
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		the state of the state of
To netu	onk with other t	businesses, organ	nizations and institutions
to bring	needed services, su	ichas, but not Lir	nited to, lutoring, mentorsh
nd Enter	peuneship to Loi	wincome and re	nizations and institutions inited to, Tutoring, Mentorshi sidenial area's,
	<b>MANNER OF ELECTION</b> T		
Director	rs were appoint	ed by the Pr	-esident
ARTICLE V	INITIAL OFFICERS AND/OF	DIRECTORS	
	Title: Kathy Krupinski	President Name and Title:	
Address:	7714 Gaston Dr Port Richey, Flor	ride 346.8	
	70: Riches), 1 co		
\	But Alex So		
Name and	Title: Brandy Chaya, Ser 2714 Gaston D	Name and little:	
Address.	Port Richey, Flor	-ida 3466.8	
Name and '	Title: Andrea Beatty	(F) Name and Title	
Address:	1206 Rivermile	Name and The.	
11001000.	Hudson, Florida	34667	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT		t is:
Name: Address:	Kathy Krup	1 Trive	
Addiess.	Part Richey F	-Corida	
		34668	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator, is:		
Name:	Kathy Brup	inski	
Address:	7714 Gaston	rive	
	Port Richey,	FCorida	
		34668	
Having been nat	med as registered agent to accept ser	vice of process for the above s	tated corporation at the place designated in this
certificate, I am f	familiar with and accept the appointme	ent as registered agent and agree	to act in this capacity
1/	11 1/ -	$A \cdot$	<b>=</b> / a /
	Required Signature of Regist	eu	5/2/12
•	Required Signature of Regist	ered Agent	/ Date /
I submit this doc	ument and affirm that the facts stated	herein are true. I am aware the	nt any false information submitted in a document
to the Departmen	nt of State constitutes a third degree fel	ony as provided for in s.817.155,	, F.S.