

P000000 99709

TRANSMITTAL LETTER

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

400003435254--8

-10/23/00--01083--005
*****87.50 *****87.50

SUBJECT: New Perspective SOLUTIONS INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

THOMAS CALLAHAN
Name (Printed or typed)

6612 SEABIRD WAY
Address

APOLLO BEACH, FL, 33572
City, State & Zip

813-645-1622
Daytime Telephone number

00 OCT 23 AM 8:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

F. CHESNEY OCT 23 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

New Perspective Solutions Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**6612 Seabird Way
Apollo Beach, Florida 33572**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

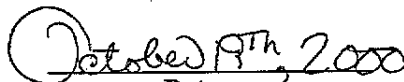
**Thomas Callahan
6612 Seabird Way
Apollo Beach Florida 33572**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

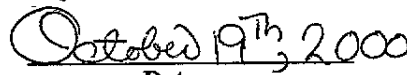
**Thomas Callahan
6612 Seabird Way
Apollo Beach Florida 33572**


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent


Date

FILED
00 OCT 23 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA