

TRANSMITTAL LETTER
P010000071907

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

SUBJECT: NJ Professionals Enterprise
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004447709--0
-06/27/01--01053--007
*****87.50 *****87.50

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: Nydia Muniz Roman
Name (Printed or typed)

6094 Deming Ave
Address

North Port FL 34287
City, State & Zip

(941) 426-1475
Daytime Telephone number

7/29/01-11:33
No habla English

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

WD115081
01 JUL 23 PM 11:10
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 29, 2001

NYDIA MUNIZ ROMAN
6094 DEMING AVE
NORTH PORT, FL 34287

SUBJECT: NJ PROFESSIONALS ENTERPRISE
Ref. Number: W01000015081

We have received your document for NJ PROFESSIONALS ENTERPRISE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Dale White
Document Specialist
New Filings Section

Letter Number: 401A00039258

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:

NJ Professionals Enterprise Inc.

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01 JUL 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6094 Deming Ave
North Port, FL 34287

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profession Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Nydia Muniz Roman
6094 Deming Ave
North Port, FL 34287

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nydia Muniz Roman
6094 Deming Ave
North Port, FL 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nydia Muniz Roman
6094 Deming Ave
North Port, FL 34287

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

Signature/Registered Agent

Date

06/18/01

Signature/Incorporator

Date

06/18/01