

P03000004618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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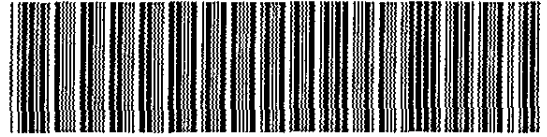
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
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1-14-03

## TRANSMITTAL LETTER

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

SUBJECT: NetPro 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      ☒ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: W. D. Hoelscher  
Name (Printed or typed)

1093 Alcalá Dr.  
Address

St. Augustine, FL 32086  
City, State & Zip

904-794-5444  
Daytime Telephone number

**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)

**ARTICLE I NAME**

The name of the corporation shall be:

NetPro Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1093 Alcala Dr.  
St. Augustine, FL 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To offer a broad selection of management and computer related curriculum development and training services. To offer also, computer network installation, support and training.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 shares - no par value

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

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

W. D. Hoelscher  
1093 Alcala Dr.  
St. Augustine, FL 32086

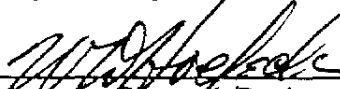
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

W. D. Hoelscher  
1093 Alcala Dr.  
St. Augustine, FL 32086

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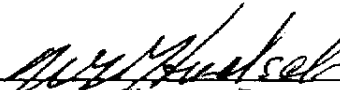
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familligr with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

Jan. 3, 2003

Date



Signature/Incorporator

Jan. 3, 2003

Date

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