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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: The nGen Works Company
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carl William Smith
Name (Printed or typed)

10644 Scott Mill Road
Address

Jacksonville, Florida 32223
City, State & Zip

(904) 728-8539
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: The nGen Works Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10644 Scott Mill Road
Jacksonville, Florida 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

providing internet and web based services to others.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Carl William Smith
President
10644 Scott Mill Road
Jacksonville, Florida 32223

ARTICLE VI REGISTERED AGENT

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

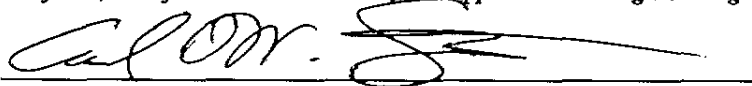
Carl William Smith
10644 Scott Mill Road
Jacksonville, FLorida 32223

ARTICLE VII INCORPORATOR

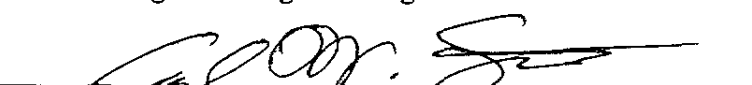
The name and address of the Incorporator is:

Carl William Smith
10644 Scott Mill Road
Jacksonville, Florida 32223

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

4/8/03
Date


Signature/Incorporator

4/8/03
Date

RECEIVED
03 APR 10 AM 9:17
STATE
SECRETARY OF FLORIDA
TALLAHASSEE