

P03000090307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

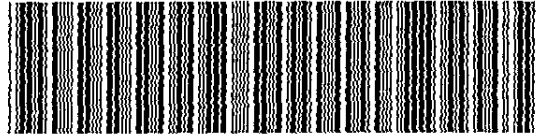
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Newfound Technologies Co.

(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  
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: Mr. Israel Joels

  
Name (Printed or typed)

21 S.E. 2nd Avenue

Address

Miami, FL 33131

City, State & Zip

(305) 861-3495

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:  
Newfound Technologies Co.

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
21 S.E. 2nd Avenue  
Miami, FL 33131

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
retail business

## **ARTICLE IV      SHARES**

The number of shares of stock is:  
100

## **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Israel Joels, President  
1165 97 Street, Apt. 4  
Bay Harbour Island, FL 33154

## **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Israel Joels  
1165 97 Street, Apt. 4  
Bay Harbour Island, FL 33154

## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:  
Israel Joels  
1165 97 Street, Apt. 4  
Bay Harbour Island, FL 33154

\*\*\*\*\*

*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 /Incorporator

08-13-03  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA