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FALLAPASSEE FLORINA

FALLAPASSEE FLORINA

DN 08/3 -

TRANSMITTAL LETTER

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

SUBJECT:		DEVELOPER, INC		
•	(PROPOSED CORPORA)	ENAME - MUSICINO	UDESUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00	□ \$78.75	\$78.75	፟ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		•	& Certificate of	
	:	ADDITIONAL CO	Status	
		ADDITIONAL CO	PY REQUIRED	
	JERZY (CZUPRYNA		
FROM:	Name (Printed or typed)		
	8051 North Ta	amiami Trail #1	7	
Address				
	Sarasota, FL 34243			
·	City,	State & Zip		
	773-	457-1118		
•	Daytime To	lephone number		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NEW DIMENSION DEVELOPER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8051 N.Tamiami Trail #17 Sarasota, FL 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Perform land development and transaction of any or all lawfull purposes for which corporations may be incorporated

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jerzy Czupryna - Secrètary, Treasurer, Director 8051 N. Tamiami Trail #17, Sarasota, FL 34243

Artur Bobko - President, Director 2916 Woodcrest Dr. Sarasota, FL 34239

ARTICLE VI REGISTERED AGENT

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

Jerzy Czupryna 8051 N.Tamiami Trail #17 Sarasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jerzy Czupryna 8051 N.Tamiami Trail #17 Sarasota, FL 34243

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

Signature/Incorporator

02-31-04

03-31-04

Date

04 APR -5 PM 3:5 SECRETARY OF STATE TALLAHASSEE, FLORID