## P04000091943

| · (Requestor's Name)                    |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE DIVISION OF THE PERSON OF

## TRANSMITTAL LETTER

Jæ

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

| SUBJECT: Newtons Home Ing<br>(PROPOSED CORPORAT   | o Inc   | KH STIHRIN  |  |  |  |
|---|---|---|--|--|--|
| Newton's Ho   |   |   | - ,  |  |  |
| 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 Filing Fee & Certified Copy  ADDITIONAL COF | \$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED |  |  |  |
| FROM: Ocngild 3 Newton Name (Printed or typed)  |   |   |  |  |  |
| P.a Box 2001 Later Actives  |   |   |  |  |  |
| 941-916-1275  | 33970 State & Zip  lephone number                   |   | SECRETARY OF STATE OF |  |  |
| · · · · · ·   |   |   | O CES  |  |  |

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: NEWTONS HOME IMP INC NEWTONS  | Home Imp, Ir   |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  Po Box 2001 Lchish Acres Fl 33770  | , <u>.</u>   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  | · · •.   |
| ARTICLE IV SHARES The number of shares of stock is: 200  | -  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Oong/d 3 Newton Po. Box 2001 Lehigh Aures P.   | 7 33 <b>970</b>                                      |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:  | 04 40  |
| Donald 3 Newton 14190 Briar 4.N.<br>Lehish Acres A33970  | FILE   |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Donald July who  For Boy 2001  | DOF STATE OF STATE OF 2: 10                          |
| Leligh Alors F1 33970  | ********   |
| Having been named as registered agent to accept service of process for the above stated corpora certificate. I am familiar with and accept the appointment as registered agent and agree to act in the | tion at the place designated in this<br>his capacity |
| Left the   | 6/04/04  |
| Signature/Registered Agent   | Date   |
| Signature Incorporator   | Date   |
| •  |  |