## P05000011911

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## TRANSMITTAL LETTER

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

SUBJECT:(\)	othern	Expos	JAZ INC	- <b>6</b>
	(PROPOS	ED CORPORA	cles of incorporation and	UDE SUFFIX)  I a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of	of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	E \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM:	ANOL 2504	Constea	OF) Printed or typed)  Solvey De-	N
-	( <u>U</u> ).	OB City, S	WST PALW State & Zip	Brach

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

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 11, 2005

ANDY CEPEDA 2504 CANTERBURY DR N W PALM BCH, FL

SUBJECT: NOTHERN EXPOSURES INC.

Ref. Number: W05000001620

We have received your document for NOTHERN EXPOSURES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the city in the articles.,

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 205A00002104

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	APPROVED AND FILED
ARTICLE I NAME  The name of the corporation shall be: Nothern Exposures In	. ,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  W.P.B. FL. 33407	DR. W.
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: LANDSCAPING.	
ARTICLE IV SHARES  The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
1) ANDY CEDERA 2504 CANTERBORY D Shent W. D.B. Fl. 33407	R. No
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent in NAON! MALWONADO WWW Maldowself	S:
2504 CANTERBURY DR. N W.P.BFL. 38407 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:  ANDY CEPENA 2504 CANTERBURY DE. N.  WPB PL. 33407	
**************************************	**************** place designated in this
1 Mon Uhlderado Signature/Registered Agent Di	8/05
Signature/Incorporator  1/5	05 ate