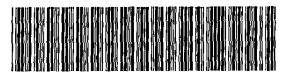
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# TRANSMITTAL LETTER

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

	aypoint Consulting Incorporated (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED			
ppose The	omas M. O'Connor				037 60	
FROM: Thomas M. O'Connor Name (Printed or typed)					(.) (.)	
595 NE 92nd Street					1	
	Miami Shores, Florida 33138	Address		Sui-	<u>က</u> က	
		, State & Zip				
	770-856-8570					
	Daytime	Telephone number	<del></del>			

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:

**New Waypoint Consulting Incorporated** 

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 595 NE 92nd Street
Miami Shores, Florida 33138

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Consulting Services

# ARTICLE IV SHARES

The number of shares of stock is: 100 @ 0.001

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas M O'Connor 595 NE 92nd Street Miami Shores, Florida 33138 President and Director

### 

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Thomas M O'Connor 595 NE 92nd Street Miami Shores, Florida 33138

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas M O'Connor 595 NE 92nd Street Miami Shores, Florida 33138

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

Date

Date