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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pa

## COVER LETTER

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

SUBJECT: NoteWorks Inc.,  
(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: NoteWorks Inc.,  
Name (Printed or typed)

19210 SW 44th Street  
Address

Dunnellon, FL 34432  
City, State & Zip

(352) 465-0340  
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:

NoteWorks, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19210 SW 44th Street,  
Dunnellon, FL 34432

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in business for profit

## ARTICLE IV SHARES

The number of shares of stock is:

One (1)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. James A. Thompson, 19210 SW 44th St., Dunnellon, FL 34432 President  
Dawn M. Thompson, 19210 SW 44th St., Dunnellon, FL 34432 - Sec., Treasurer

## ARTICLE VI REGISTERED AGENT

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

Dr. James A. Thompson, 19210 SW 44th Street, Dunnellon, FL 34432

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. James A. Thompson, 19210 SW 44th Street, Dunnellon, FL 34432

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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

Dr. James A. Thompson  
Signature/Registered Agent

7-2-07  
Date

Dr. James A. Thompson  
Signature/Incorporator

7-2-07  
Date

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