# P08000109074

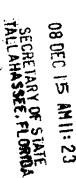
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Michelle New GAVE
AUTHORIZATION BY PHONE TO
DATE 12/16/D 8

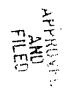
Office Use Only



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## **COVER LETTER**

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

SUBJECT: Michelie	Newton, Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
	`		
	,		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED
FROM: Mi	chelle Newton		
•	Name	(Printed or typed)	
,	881 Crestridge Circle		
		Address	
	Tarpon Springs, FL 34688		
		y, State & Zip	
	727-743-0789		
		Telephone number	

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

APPRUYATI AND FILED

# ARTICLES OF INCORPORATION

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

08 DEC 15 AM 11: 24 SECRETARY OF STATE TALLANASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Michelle Newton, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 881 Crestridge Circle

Tarpon Springs, FL 34688

ARTICLE IV

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose in the State of Florida

SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Michelle Newton, President 881 Crestridge Cir Tarpon Springs, FL 34688

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Michelle Newton

881 Crestridge Cir Tarpon Springs, FL 34688

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Michelle Newton 881 Crestridge Cir

Tarpon Springs, FL 34688

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

ignatute/Registred Agent

Signature/Incorporator

Date

Date