P0900033507

	(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:
	Office Use Only



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SECRETARY OF STATE TALL'AHASSEE, FLORIDA

09 APR 27 PM 2: 2:

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	OR SXT TE NAME - MUST INCL	ENSIDNS UDE SUFFIX)	INC.
Enclosed are an orig	zinal and one (1) copy of the artic	les of incorporation and	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	
FROM:			ER CY TR41 = 2 , FL 334	
	954- Daytime T	277-78/	3	

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)	7.00
ARTICLE I NAME	NECC SEC
The name of the corporation shall be:	HA. PR
JUST FOR EXTOSIONS INC.	APPROVE AND AND AND AND AND AND AND AND AND AND
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1121 S. MILITARY TRAIL	TATE PROPERTY.
DEELGEND BEACH FL 33 442	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO TRANSACT ANY AND ALL C	AWALL BUSINESS
ARTICLE IV SHARES The number of shares of stock is: / O O O	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
CAROUN PWMMER	
SCOTT SCHRG	
MICHAEL WILSON	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the 6107 NW 121S+ Are	e registered agent is:
COLAR EPRINGS PR33076	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
CAROLIA PLANTER	
CAROUN PLUMMER 6107 NW 121ST AVE	
CORAL SPRINGS FL33076	*********
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and agre	
Carolyn Plummer	4-22-09
Signature/Registered Agent	Date
Signature/Incorporator	Date