

P10000026150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA

3-25-10

COVER LETTER

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

SUBJECT: New Horizon WOW Mobile, 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:

Nancy Snodgrass
Name (Printed or typed)

11554 New Haven Dr.
Address

Spring Hill, FL 34609
City, State & Zip

352-650-8351 540-0005
Daytime Telephone number

nancy@snodgrass69@yahoo.com
E-mail address: (to be used for future annual report notification)

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 Horizon WOW Mobile, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11554 New Haven Drive, Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nancy Snodgrass Director
11554 New Haven Dr., Spring Hill, FL 34609

ARTICLE VI REGISTERED AGENT

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

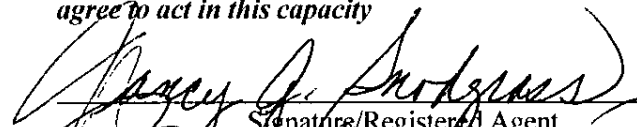
Nancy Snodgrass
11554 New Haven Dr., Spring Hill, FL 34609

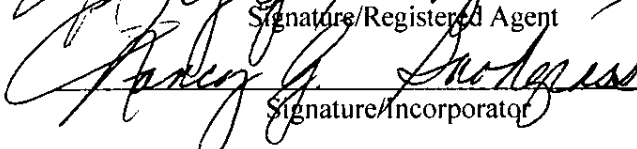
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Snodgrass
11554 New Haven Dr., Spring Hill, FL 34609

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

1/15/10

Date

1/15/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA