## P11000022877

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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	<del></del>			

Office Use Only



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03/07/11--01068--021 \*\*78.75

## **COVER LETTER**

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

SUBJECT: NEEDA-NOTICE (PROPOSED CORPORA)	INC.				
(PROPOSED CORPORA	TE NAME - <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate Status				
İ	ADDITIONAL COPY REQUIRED				
FROM: Mary Mand	(Printed or typed)				
3710 Victoria Ro					
WPB JL City, S	33411				
501, 420,56	52				
Maryd mandel @ 201. Com					
• • • • • • • • • • • • • • • • • • •	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 The name of the corp	NAME oration shall be: NEEDA-NOTICE	, INC.	
ARTICLE II F	Principal office Principal street address 3710 VICTORIA 120. WIST PAUN BEACH FC 334		ress, if different is:
complet	urpose ch the corporation is organized is: un of construction and paperwork.	Motice to ow	ners liens 4
ARTICLE IV S The number of shares			
	MOTH MOUNTAIN TO DIRECTOR STIP VICTORIAL P. VPT.S. WPB, SC 33411	S Name and Title:Address:	
Name and Title Address:	:		
Name and Title Address:		Name and Title:Address:	
The name and Florid Name: Address:	EGISTERED AGENT  In street address (P.O. Box NOT acceptable) of  MANY MOVALL  3 110 VICTOVIA (CD)  WCORPORATOR	the registered agent is:	
Name: Address:	ss of the Incorporator is:  Many Mandel  300 Victoria RD  WB JL 33411	- - -	
Having been named this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regi	s for the above stated corport istered agent and agree to act	ition at the place designated in in this capacity
	Required Signature/Registered Agent		3 3 11 Date
	ent and affirm that the facts stated herein are ment of State constitutes a third degree felong		
	Required Signature/Incorporator	<del></del>	Date