

711 000064156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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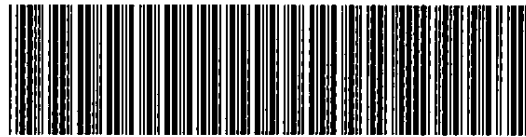
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/11--01008--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 14 PM 12:12

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J. Shivers JUL 18 2011

COVER LETTER

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

SUBJECT: Numeric Business Group, Incorporated

(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: Julian Holt

Name (Printed or typed)

17140 Primavera Circle

Address

Cape Coral, FL 33909

City, State & Zip

239-247-0398

Daytime Telephone number

jholt@jtholdings.com

E-mail address: (to be used for future annual report notification)

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

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2011 JUL 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: **Numeric Business Group, Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal street address
17140 Primavera Circle
Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diversified business solutions, business brokerage, bookkeeping

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julian Holt, President
Address: 17140 Primavera Circle
Cape Coral, FL 33909

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

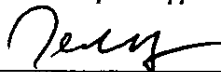
Name: Julian Holt
Address: 17140 Primavera Circle
Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julian Holt
Address: 17140 Primavera Circle
Cape Coral, FL 33909

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



Required Signature/Registered Agent

7/11/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

7/11/11

Date

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TALLAHASSEE, FLORIDA