

P11000083775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

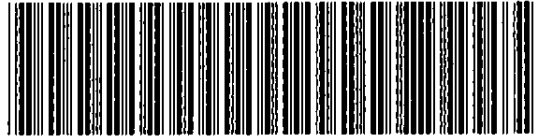
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 SEP 23 AM 11:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 SEP 23 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/23

## COVER LETTER

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

SUBJECT:

NE-GROUP, 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:

ROOSEVELT NORTHERN, JR., Ed.D.

Name (Printed or typed)

3286 So. Hopkins Ave., Suite #93

Address

Titusville, Florida 32788

City, State & Zip

(407) 325-3248

Daytime Telephone number

CLUTCHNORTHERN@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:

NE - Group, Inc. of Northern Florida

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3206 So. Hopkins Ave  
Suite #93  
Titusville, FL 32780

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Education Mentoring/Tutorials

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MALCOLM E. NORTHERN  
Address: 1340 FLORENCE AVE  
ORLANDO, FL 32811  
(PRESIDENT)

Name and Title: MS. KATHY D. BELLAMY, HR  
Address: 4520 BUTTON BUSH DR  
TITUSVILLE, FL 32780  
DIRECTOR

Name and Title: MS. LUCILLE WALCOTT  
Address: 3550 DAIRY ROAD  
TITUSVILLE, FL 32796  
(SECRETARY)

Name and Title: DR. ROOSEVELT NORTHERN, JR., Ed.D.  
Address: 3206 So. Hopkins Ave  
Suite #93  
Titusville, FL 32780  
CEO

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: DR. R. NORTHERN, JR., Ed.D.  
Address: 3206 So. Hopkins Ave, Suite 93  
Titusville, Florida 32780

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

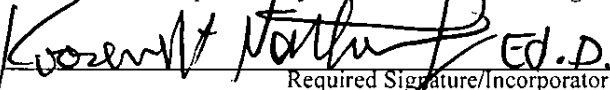
Name: DR. ROOSEVELT NORTHERN, JR., Ed.D.  
Address: 3206 So. Hopkins Ave, Suite #93  
Titusville, Florida 32780

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

23 SEPT 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

23 SEPT 11  
Date