

P11000086402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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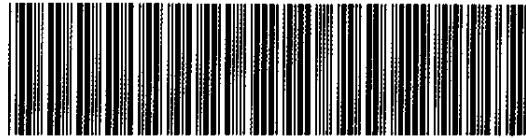
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/3

COVER LETTER

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

SUBJECT: ALTA PROJECT MANAGEMENT, 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: BRETT NEWKIRK
Name (Printed or typed)
6223 CHERRY LAKE DR N
Address
JACKSONVILLE, FL 32258
City, State & Zip
904-880-0301
Daytime Telephone number
newkirk@bellsouth.net
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: **ALTA PROJECT MANAGEMENT, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**6223 CHERRY LAKE DR N.
JACKSONVILLE, FL 32258**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BRETT NEWARK, PRES.**

Address: **6223 CHERRY LAKE DR N
JACKSONVILLE, FL 32258**

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: **BRETT NEWARK**

Address: **6223 CHERRY LAKE DR N
JACKSONVILLE, FL 32258**

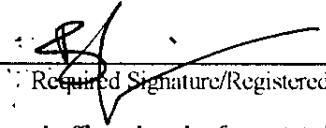
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **BRETT NEWARK**

Address: **6223 CHERRY LAKE DR N
JACKSONVILLE, FL 32258**

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

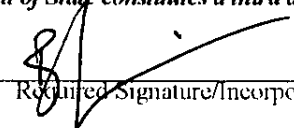


Required Signature/Registered Agent

9/28/11

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

9/28/11

Date

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11 SEP 30 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA