

P12000000433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

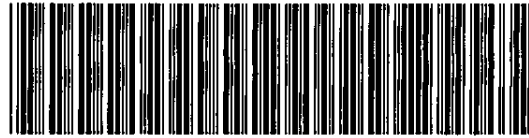
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch JAN 03 2012

COVER LETTER

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

SUBJECT: NEWTON 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: NEWTON MANAGEMENT INC

Name (Printed or typed)

15133 CLOVERDALE DRIVE

Address

FORT MYERS, FL 33919-8307

City, State & Zip

239-281-7352

Daytime Telephone number

PITTVETTE@HOTMAIL.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 NEWTON MANAGEMENT INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
15133 CLOVERDALE DRIVE
FORT MYERS, FL 33919-8307

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NEIL NEWTON
Address: 15133 CLOVERDALE DRIVE
FORT MYERS, FL 33919-8307

Name and Title: JODI NEWTON
Address: 15133 CLOVERDALE DRIVE
FORT MYERS, FL 33919-8307

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: NEIL NEWTON
Address: 15133 CLOVERDALE DRIVE
FORT MYERS, FL 33919-8307

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEIL NEWTON
Address: 15133 CLOVERDALE DRIVE
FORT MYERS, FL 33919-8307

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

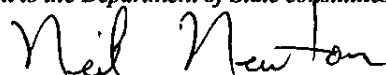


Required Signature/Registered Agent

JANUARY 1, 2012

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

JANUARY 1, 2012

Date

FILED
12 JAN -3 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA