

P12000032167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

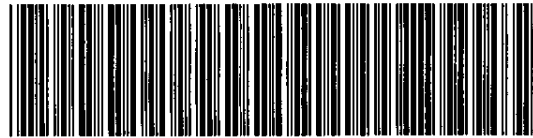
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR -3 PM 2:21

FILED

MRD  
4/4/12

## COVER LETTER

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

SUBJECT: Neal Ventures, 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: Marian J. Neal  
Name (Printed or typed)

7944 W Briarpatch St.  
Address

Homosassa, FL 34446  
City, State & Zip

352-628-6823  
Daytime Telephone number

mneal21@tampabay.rr.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: Neal Ventures, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7944 W Briarpatch St.  
Homosassa, FL 34446

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Marian J. Neal, President  
Address: 7944 W Briarpatch St.  
Homosassa, FL 34446

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: Marian J. Neal  
Address: 7944 W Briarpatch St.  
Homosassa, FL 34446

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marian J. Neal  
Address: 7944 W Briarpatch St.  
Homosassa, FL 34446

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

Marian J. Neal  
Required Signature/Registered Agent

April 1<sup>st</sup>, 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.

Marian J. Neal  
Required Signature/Incorporator

April 1<sup>st</sup>, 2012  
Date