## P12000058151

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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06/28/12--01009--003 \*\*78.75

## **COVER LETTER**

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

SUBJECT: Next Great Adventure 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 & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Kathryn Jones Name (Printed or typed)				
600 Nautical Way				
Address  Saint Augustine, FI 32080  City, State & Zip				
904-315-7786  Daytime Telephone number				
essential.ki@gmail.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 The name of the corp	Next Great Adventure In oration shall be:	nc	
ARTICLE II F	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
<u>60</u>	0 Nautical Way		
Sa	int Augustine, FL 32080		
_			
ARTICLE III P	URPOSE		
	ch the corporation is organized is:		
	n of any or all lawful purposes for wi	hich corporati	ons may be incorporated in the
State of Florida		•	,
ARTICLE IV S			
The number of shares	of stock is:100		
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR	s	
Name and Title	:Kathryn Jones 600 Nautical Way	Name and Title	:Robert Jones
Address:	600 Nautical Way	_ Address:	600 Nautical Wav
	Saint Augustine, FL 32080	_	Saint Augustine, FL 32080
		-	
	×	Name and Title	<u> </u>
Address:		_ Address:	
		-	
Name and Title Address:			:
		<del></del> -	
		_	<u>ವ</u>
ARTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	Kathryn Jones		nt is:
Address:	600 Nautical Way	_	- **7
	Saint Augustine, FL 32080	<del>-</del> =	
400101 B 101			gingan p rafgan 18. st
ARTICLE VII II	ss of the Incorporator is:		<b>№</b>
Name:	Kathryn Jones		O ,
Address:		•	
	600 Nautical Way Saint Augustine, FL 32080	-	
this certificate, I am fa	as registered agent to accept service of process amiliar with and accept the appointment as region Required Signature/Registered Agent	istered agent and a	
I submit this doorse	but and affirm that the facts stated bearing and	toria I ann anno	that the false information submitted in a
t SHUTTHE THIS HOCHME	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony	irue. I am aware as providad for i-	inui ine jaise injormation submitted in a
/	umeni of since constitutes a intra negree felony	us provided for th	· · · · · · · · · · · · · · · · · · ·
Mosting	Required Signature/Incorporator		4/24/12
,	Required Signature/Incorporator		Date