

P12000058863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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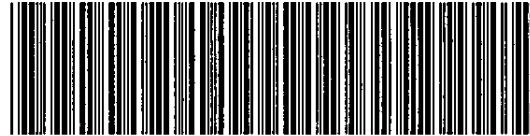
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/12--01021--012 **78.75

FILED
2012 JUL -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 03 2012

COVER LETTER

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

SUBJECT: New Creations Artistry, 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: Elizabeth Sneider

Name (Printed or typed)

2450 Thornton Road

Address

Zolfo Springs, Florida 33890

City, State & Zip

863-781-3878

Daytime Telephone number

bettesneider@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 NAME

The name of the corporation shall be: **New Creations Artistry, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2450 Thornton Road
Zolfo Springs, Florida 33890

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to provide creative custom art and art products

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Elizabeth Sneider, Chairman**
Address: **2450 Thornton Road**
Zolfo Springs, FL 33890

Name and Title: **Joshua Sneider**
Address: **2450 Thornton Road**
Zolfo Springs, FL 33890

Name and Title: **Mark Sneider, Secretary**
Address: **3895 Sunset Drive**
Zolfo Springs, FL 33890

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:

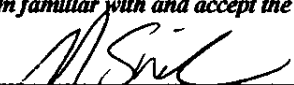
Name: **Mark Sneider**
Address: **3895 Sunset Drive**
Zolfo Springs, FL 33890

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Elizabeth Sneider**
Address: **2450 Thornton Road**
Zolfo Springs, FL 33890

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

6/22/12

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

6/23/12

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA