7 12000064369

(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:			
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Office Use Only



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J. SHIPPS JUL 2.4 2012



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2012

ANDRIA POWELL 7988 RED MAHOGANY RD BOYNTON BEACH, FL 33437

SUBJECT: NEDGO, INC

Ref. Number: W12000036876

We have received your document for NEDGO, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 112A00018643

COVER LETTER

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

SUBJECT: Nedgo, Inc (PROPOSED CORPOR	ATE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Andria Powell Nam	e (Printed or typed)
7988 Red Mahogany Ro	Address
Boynton Beach, FL 334	137 , State & Zip
Daytime '	Telephone number
E-mail address: (to be use	ed for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME		
The name of the co	rporation shall be: Nedgo, Inc		
		•	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
	i inicipal siteet address	ivialining as	duress, if different is:
Ī	988 Red Mahogany Rd		
В	oynton Beach FL 33 43 7		
ARTICLE III	DIPPOSE		
	hich the corporation is organized is:		
	gal business activities		
•			
ARTICLE IV	SHARES		
The number of shar	res of stock is: 200		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	S	
	tle:Andria Powell President	Name and Title:	
Address:	7988 Red Mahogany Rd	Address;	
-	Boynton Beach, FL 33 43 7	<u> </u>	
			
Name and Ti	tle:	Name and Title:	
Address:			
Name and Ti	tle:	Name and Title:	
		· ——	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flo</u> i	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Andria Powell		
Address:	7988 Red Mahogany Rd		
	Boynton Beach, FL 33 43 7		量 3
ARTICLE VII	INCOR <u>PORATOR</u>		
The <u>name and add</u>	ress of the Incorporator is:		65 F
Name:	Andria Powell		S
Address:	7988 Red Mahogany Rd		
	Boynton Beach, FL		
Having been name	d as registered agent to accept service of process	for the above stated cornor	ration at the place designated is
his certificate, I an	familiar with and accept the appointment as regis	stered agent and agree to ac	ct in this capacity
	(A) 11		
	Hour		
	Required Signature/Registered Agent	_	Date
Suhmit this door	nent and affirm that the facts stated hamily and	tura I am annona di ad di - d	falso information on Lands I !
document to the De	nent and affirm that the facts stated herein are t partment of State constitutes a third degree felony	rue. 1 um uware that the) as provided for in s.817 15	use injormuuvn suomitted in i 5. F.S.
	1 1	province jus in muz/eld.	vy = 1001
	· VOLUIN	·	
	Required Signature/Incorporator		Date