## P13000070797

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zip	n/Phone #)		
PICK-UP W	AIT MAIL		
(Business En	ity Name)		
(Document Number)			
Certified Copies Cert	ificates of Status		
Special Instructions to Filing Officer:			
- <del>4/13-440</del> 7	6		

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

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

30B0EC1.					
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )		
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		
		ADDITIONAL CO	Status		

SUBJECT: NEWTON DESTINATION IMAGINATION INC.

SJ COOPER & ASSOCIATES

Name (Printed or typed)

3269 STURGEON BAY COURT

Address

NAPLES, FLORIDA 34120

City, State & Zip

239-398-3637

Daytime Telephone number

STEVEN@SJCFINANCE.COM

E-mail address: (to be used for future annual report notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2013

SJ COOPER & ASSOCIATES 3269 STURGEON BAY COURT NAPLES, FL 34120

SUBJECT: NEWTON DESTINATION IMAGINATION

Ref. Number: W13000044076

We have received your document for NEWTON DESTINATION IMAGINATION 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

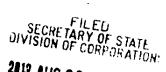
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 313A00018950

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



me of the corpor	ME NEWTON DESTINA	ATION IMAGINATION INC. 2018 AUG 22
	INCIPAL OFFICE Principal street address ON BAY COURT	Mailing address, if different is:
PLES, F	L 34120	
CLE III PUI rpose for which	RPOSE the corporation is organized is:	& PROFESSIONAL CORPORATION.
	The state of the s	
LEIV SH	ARES 400	
CLE V IN	ARES f stock is: 100 TIAL OFFICERS AND/OR DIRECTOR MATTHEW MILLER, PRESIDENT	
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  e:	Name and Title:
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR  BE MATTHEW MILLER, PRESIDENT  38 MYERSON LANE	
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  e:	Name and Title:
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title: Address:
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title:  Address:  Name and Title:
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title:  Address:  Name and Title:
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR  BE MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title:  Address:  Name and Title:
Name and Tit Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR  MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title:  Address:  Name and Title:
Name and Tit Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR  BE MATTHEW MILLER, PRESIDENT  38 MYERSON LANE  NEWTON, MA 02459	Name and Title:  Address:  Name and Title:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Name and	1 little:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orlds street address (P.O. Box NOT acceptable) of	the printered exect in
Name:	Lynn Bloodgood	the registered agent is.
Address:	3269 Sturgeon Bay Court	
	Naples, FL 34120	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Lynn Bloodgood	
Address:	3269 Sturgeon Bay Court	
	Naples, FL 34120	
I submit this docu	m familiar with dyli accept the appointment as regularity and seems as regularity Required Signature/Registered Agent	Date 7/2/13 rue. I am aware that the false information submitted in a
	Required Signature/Incorporator	- Date