

P13000072687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

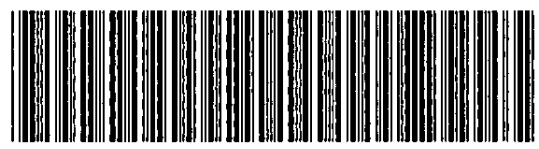
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/29/13--01009--021 **70.00

FILED
13 AUG 29 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 9/4/13

COVER LETTER

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

SUBJECT: New Reign Investment Group, 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: Paul C. Davis

Name (Printed or typed)

3812 San Juan St.

Address

Tampa, FL 33629

City, State & Zip

813-924-2697

Daytime Telephone number

paulcdavis3@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 New Reign Investment Group, Inc. **FILED**
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
3812 San Juan St.
Tampa, FL 33629

13 AUG 29 PM 3: 16
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: all lawful purposes.

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: 13 AUG 29 PM 3:16
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

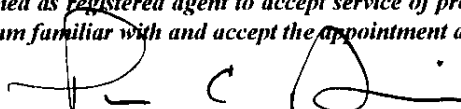
Name: Paul C. Davis
Address: 3812 San Juan St.
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul C. Davis
Address: 3812 San Juan St.
Tampa, FL 33629

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

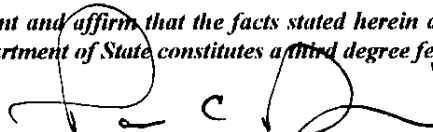


Required Signature/Registered Agent

8/19/13

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

8/19/13

Date