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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			
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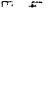
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COVER LETTER

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

SUBJECT: Neil Newman Accounting PA (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: N	eil Newman				
62	25 Grand Park D				
		Address			

Jacksonville Florida 32259

(904) 422-1931

newmann@bellsouth.net

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

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

City, State & Zip

Daytime Telephone number

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

625 Grand P	INCIPAL OFFICE Principal street address ark Drive	Mailing ad	dress, if different is:
Jacksonville,	Florida 32259		
ARTICLE III PU. The purpose for which	RPOSE the corporation is organized is: ACCOUR	nting services	10-2-10-44
			13 DEC 16 PM
•	f stock is: 100 ITIAL OFFICERS AND/OR DIRECTOR	<u> </u>	4: 34 Leriea
Name and Tit	Neil Newman President 625 Grand Parke Drive Jacksonville, Florida 32259	Name and Title: Address:	
N. LEWIS	e:	Name and Title:	
Name and 1 iti		Address:	
Address			

Name a	nd Title:	Name and Title:
Addres	S	Address:
ARTICLE VI The name and F Name:	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of Neil Newman	the registered agent is:
Address:	625 Grand Park Drive	A A
	Jacksonville, Florida 32259	
ARTICLE VII	INCORPORATOR	ASSET OF THE STATE
The <u>name and a</u>	ddress of the Incorporator is:	TO TO CAME.
Name:	Neil Newman	
Address:	625 Grand Park Drive	>
	Jacksonville, Florida 32259	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg UMM CM	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 12/12/13
	Required Signature/Registered Agent	Date
I submit this do document to the	Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false information submitted in a sprovided for in s.817.155, F.S. 2/12/13 Date