

PA000011754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

**SUBJECT:** New Product Insights, 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:** Andrew V. Mike

Name (Printed or typed)

10004 SW 41st Road

Address

Gainesville, FL 32608

City, State & Zip

352-672-6517

Daytime Telephone number

avajmike@yahoo.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 Product Insights, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10004 S.W. 41st Road

Gainesville, FL 32608

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General Business. The corporation is authorized to engage in any and all lawful business activities.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrew V. Mike, Director and President

Name and Title: \_\_\_\_\_

Address

10004 SW 41st Road

Address: \_\_\_\_\_

Gainesville, FL 32608

Name and Title: Gerald J. Kirkpatrick, Director and Exec. V.P.

Name and Title: \_\_\_\_\_

Address

5200 SW 25th Blvd.

Address: \_\_\_\_\_

Unit 2209

Gainesville, FL 32608

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Gerald J. Kirkpatrick

Address: 5200 SW 25th Blvd., Unit 2209

Gainesville, FL 32608

**ARTICLE VII INCORPORATOR**

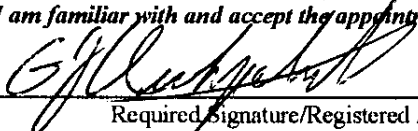
The name and address of the Incorporator is:

Name: Gerald J. Kirkpatrick

Address: 5200 SW 25th Blvd., Unit 2209

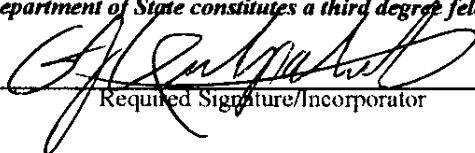
Gainesville, FL 32608

*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

01/24/2014  
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

01/24/2014  
Date

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