

P15000032739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

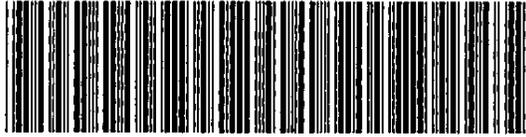
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271435672

04/07/15--01019--012 \*\*78.75

FILED  
15 APR -7 AM 11:41  
STATE OF FLORIDA  
HALL COUNTY

J. D. - 15 CB

**COVER LETTER**

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

**SUBJECT:** Now That You, 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: Diane L. Davies  
Name (Printed or typed)  
16590 SW 46<sup>th</sup> Circle  
Address  
Ocala, FL 34473  
City, State & Zip  
(352) 216-7099  
Daytime Telephone number  
nty@embarqmail.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: Now That You, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16590 SW 46<sup>th</sup> Circle

Ocala, FL 34473

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

- 1) Provide educational information on various topics
- 2) Provide research on information provided
- 3) Provide electronic sources to enhance education
- 4) Develop materials in support of above
- 5) Make available advice on multiple platforms
- 6) Provide commentary on various topics

15 APR -7 AM 11:41  
STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

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

Name and Title: Diane L. Davies Name and Title: President & Treasurer

Address 16590 SW 46<sup>th</sup> Circle Address: \_\_\_\_\_

Ocala, FL 34473 \_\_\_\_\_

Name and Title: Terry B. Davies Name and Title: Vice President & Secretary

Address 16590 SW 46<sup>th</sup> Circle Address: \_\_\_\_\_

Ocala, FL 34473 \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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: Diane L. Davies

Address: 16590 SW 46<sup>th</sup> Circle  
Ocala, FL 34473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Terry B. Davies

Address: 16590 SW 46<sup>th</sup> Circle  
Ocala, FL 34473

*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*

Diane L. Davies

Required Signature/Registered Agent

1 April 2015

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.*

Terry B. Davies

Required Signature/Incorporator

1 April 2015

Date