

P15000046543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

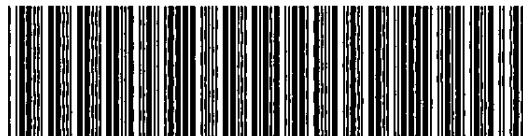
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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05/22/15--01023--005 **78.75

MAY 27 2015

T. SCOTT

15 MAY 22 AM 8:20

COVER LETTER

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

SUBJECT: NEODOXA 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: DR. JACKSON VOLTAIRE

Name (Printed or typed)

180 BONAVENTURE BLVD, APT 103

Address

WESTON, FL 33326

City, State & Zip

(754) 422-3062

Daytime Telephone number

DRVOLTAIRE@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: NEODOXA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
180 BONAVENTURE BLVD APT 103
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. JACKSON VOLTAIRE, PRES.

Name and Title: JEAN HEUDE FERON, TREASURER

Address 180 BONAVENTURE BLVD, APT 103
WESTON, FL33326

Address: 1570 SW 101 TER, APT 204
PEMBROKE PINES, FL33025

USA

USA

Name and Title: JULIENNE L. VOLTAIRE, SECRETARY

Name and Title: _____

Address 180 BONAVENTURE BLVD, APT 103
WESTON, FL 33326

Address: _____

USA

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: DR. JACKSON VOLTAIRE
Address: 180 BONAVENTURE BLVD, APT 103
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DR. JACKSON VOLTAIRE
Address: 180 BONAVENTURE BLVD, APT 103
WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dr. Jackson Voltaire, Ph.D.

Required Signature/Registered Agent

05/18/2015

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.

Dr. Jackson Voltaire, Ph.D.

Required Signature/Incorporator

05/18/2015

Date