

P16000090250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

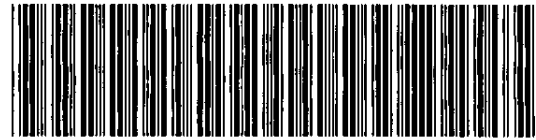
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700290835507

11/07/16--01035--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV -7 PM 2:15

EFFECTIVE DATE 11/02/16

11/10/16

COVER LETTER

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

SUBJECT: Neuville TRUST Corp.
(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: SHARON NEUVILLE
Name (Printed or typed)
6860 CIRCLE DRIVE
Address
FT MYERS, FL. 33905
City, State & Zip
239-633-2092
Daytime Telephone number
gregneuville@aol.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: NEUVILLE TRUST CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6860 CIRCLE DRIVE
FT MYERS, FL. 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 NOV -7 PM 2: 5

ARTICLE IV SHARES

The number of shares of stock is: 3 PRESIDENT 50% VP 25%
SECRETARY 25%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GREG NEUVILLE (PRESIDENT) Name and Title: _____

Address: 6860 CIRCLE DR Address: _____

FT MYERS, FL. 33905

Name and Title: DAKE NEUVILLE Name and Title: _____

Address: VICE PRESIDENT Address: _____

6860 CIRCLE DR

FT MYERS, FL. 33905

Name and Title: SHARON NEUVILLE Name and Title: _____

Address: (SECRETARY) Address: _____

6860 CIRCLE DR

FT MYERS, FL. 33905

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: SHARON NEUVILLE

Address: 6860 CIRCLE DRIVE
FT MYERS, FLORIDA 33905

ARTICLE VII INCORPORATOR

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

Name: SHARON NEUVILLE

Address: 6860 CIRCLE DRIVE
FT MYERS, FL. 33905

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-2-16 (OPTIONAL)

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

Sharon Neuville

Required Signature/Registered Agent

11-2-16

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.

Sharon Neuville

Required Signature/Incorporator

11-2-16

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV -7 PM 2:15