

P17000010008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

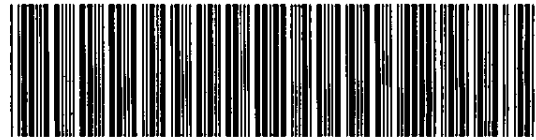
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600294003596

01/31/17--01009--008 \*\*78.75

FILED  
2017 JAN 31 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
FEB -1 2017

## COVER LETTER

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

**SUBJECT:** Newfoundlogic, 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:** Theodore F. Brill  
\_\_\_\_\_  
Name (Printed or typed)  
  
8201 Peters Road, Suite 1000  
\_\_\_\_\_  
Address  
  
Plantation, FL 33324  
\_\_\_\_\_  
City, State & Zip  
  
954-370-0800  
\_\_\_\_\_  
Daytime Telephone number  
  
brillpa@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

FILED

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

2017 JAN 31 AM 9:53

**ARTICLE I NAME**

The name of the corporation shall be: Newfoundlogic, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8201 Peters Road

Suite 1000

Plantation, FL 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transacting any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Theodore F. Brill, President/Director

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

Address: 8201 Peters Road

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

Suite 1000

Plantation, FL 33324

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

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

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

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

FILED

2017 JAN 31 AM 9:53

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Theodore F. Brill  
Address: 8201 Peters Road, Suite 1000  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Theodore F. Brill  
Address: 8201 Peters Road, Suite 1000  
Plantation, FL 33324

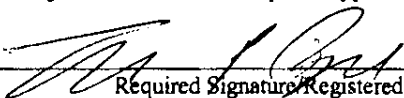
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

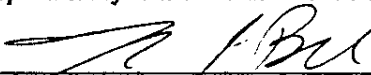
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

1/25/17  
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

1/25/17  
Date