

P17 000 050 353

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06/05/17--01015--001 \*\*70.00

17 JUN -5 PM 12:59

D O'KEEFE

JUN 09 2017

6908 Bitterbush place  
Boynton Beach, FL 33472

June 1<sup>st</sup>, 2017

Florida Department of State  
New Filing Section  
Division of Corporations  
PO Box 6357  
Tallahassee, FL 32314

Re: NCP Scholastic Inc

To Whom It May Concern:

Enclosed please find the for profit articles of incorporation for the above named entity, NCP Scholastic, Inc. This entity was previously organized as a not for profit corporation by the same name, which was dissolved on June 1<sup>st</sup>, 2017 per the attached documentation.

Please process the new incorporation at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to be 'LH' with a large 'X' to the left, and the name 'Lynn Victor' printed below it.

Lynn Victor  
President and Director

D O'KEEFE  
JUN 09 2017

P17 000 050 353

## COVER LETTER

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

**SUBJECT:** NCP SCHOLASTIC 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: LYNN VICTOR  
\_\_\_\_\_  
Name (Printed or typed)

6908 BITTERBUSH PLACE  
\_\_\_\_\_  
Address

BOYNTON BEACH, FL 33472  
\_\_\_\_\_  
City, State & Zip

561-702-1878  
\_\_\_\_\_  
Daytime Telephone number

LRV41@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: NCP SCHOLASTIC INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6908 BITTERBUSH PLACE

BOYNTON BEACH, FL 33472

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: 1,000

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

Name and Title: LYNN VICTOR, P & D

Address 6908 BITTERBUSH PLACE

BOYNTON BEACH, FL 33472

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

17 JUN -5 PM 12:59  
SECRET

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: LYNN VICTOR  
Address: 6908 BITTERBUSH PLACE  
BOYNTON BEACH, FL 33472

**ARTICLE VII INCORPORATOR**

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

Name: LYNN VICTOR  
Address: 6908 BITTERBUSH PLACE  
BOYNTON BEACH, FL 33472

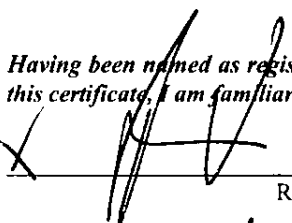
**ARTICLE VIII EFFECTIVE DATE:**

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 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*

X  \_\_\_\_\_ 06/01/2017  
Required Signature/Registered Agent 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.*

X  \_\_\_\_\_ 06/01/2017  
Required Signature/Incorporator Date