

PI 8000028637

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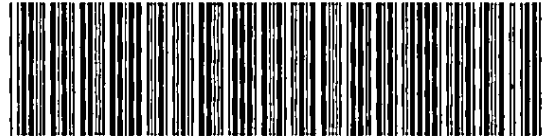
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 MAR 22 PM 3:39

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COVER LETTER

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

SUBJECT: NEW CONCEPT MARKETING GROUP 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: LESLEY LHERISSON
Name (Printed or typed)

3790 161ST TERRACE NORTH
Address

LOKAHATCHEE FL. 33470
City, State & Zip

561-410-4259-
Daytime Telephone number

LesRushhour@gmail.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: NEW CONCEPT MARKETING GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3790 161ST TERRACE NORTH
LOXAHATCHEE FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP MERCHANTS and
small to medium BUSINESS OWNERS SAVE
MONEY ON THEIR CREDIT CARD PROCESSING SERVICES
and also MARKETING THEIR BUSINESS TO
ATTRACT MORE CUSTOMERS IN TURN CREATE
MORE SALES IN THEIR BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lesly Lherisson. CEO Name and Title: _____

Address 3790 161ST TER. NORTH Address: _____

LOXAHATCHEE FL 33470

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Lesly P. Lherisson

Address: 3790 161st Terr. North
LOXAHATCHEE FL 33470

ARTICLE VII INCORPORATOR

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

Name: Lesly P. Lherisson

Address: 3790 161st Terr. North
LOXAHATCHEE FL 33470

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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

Lesly P. Lherisson
Required Signature/Registered Agent

3/9/18
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.

Lesly P. Lherisson
Required Signature/Incorporator

3/9/18
Date