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## **COVER LETTER**

**.** 

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

SUBJECT: _	NEW CONCOR MARKELING GROUP INC.
-	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)
Enclosed are a	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: _	LESLY LhERISSON Name (Printed or typed)
	3790 161 ST TERRACE WORTH
_	LOXAHATCHEE FL. 33470 City, State & Zip
_	561-410-4259- Daytime Telephone number
	Leskushhoure 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)

LOXABATCHEE FL. 33470  ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 heLP MERCHANIS and Swall to medium Business Owners save money on their Credit CARD Processing Servi and also marketing their Business to attract more Custamers in Turn Cream More Sales in their Business.  ARTICLE IV SHARES The number of shares of stock is: 200	The name of the corporat	ion shall be: <u>New CONC</u> e	PT MARKETING	- GROUP INC.,
The purpose The purpose The purpose for which the corporation is organized is: 10 help Merchants and Small to medium Business owners save Money on their Credit Cand Processing Servi and also marketing their Business to attract mone Customers in tund Creat Mone 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: Lesky Lheris son. CEO Name and Title: 100  Address 1790 161 57 Ter. North Address: 200  Name and Title: Name and Title: Name and Title: 100  Name and Title: Name and Ti	<u> ARTICLE II PRINC</u>		Maii	ling address, if different is:
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Name and Title:Name and Title:	Name and Title Address  Name and Title:	LesLy Lherisson 3790 161 STTER. N LOXABATCHEE FL	. CEO Name and Title: ontl_ Address: 33470 Name and Title:	MAR 22 PM 3:39  AHASSEE FLORIDA
	Addices			
Address Address:				
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Name and Title:	Name and Title:	
Address	Address:	
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<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> accept	table) of the registered agent is:	
<del>-</del>	-	
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Address: 3/90/6/5/enr. No	nth	
LOKAHATCHER FL, 3	3420	
ABTICLE VII - INCORDORATOR		18 MAR
<u>ARTICLE VII INCORPORATOR</u>		AH
The <u>name and address</u> of the Incorporator is:		22 28 888
Name: Lesky P. Lherisse	N/	E PA III
Name: <u>LesLy P. Lherisse</u> Address: <u>3790 /6/57 Tene</u>	North	# 3:
LOXAHATChee FL. 33		MAR 22 PM 3: 39
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:		
(If an effective date is listed, the date must be specific and filing.)	i cannot be more than live days pi	rior or 90 days after the
<u>Note:</u> If the date inserted in this block does not meet the app the document's effective date on the Department of State's re		s, this date will not be listed as
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointmen		
Sula flavino		3/9/18
Required Signature/Registered Age	ent	Date
I submit this document and affirm that the facts stated here	ein are true. I am aware that the fo	
document to the Department of State constitutes a third degr	ee felony as provided for in s.817.15	(5, F.S.
Xesly Thereson		3/9/18
Required Signature/Incorporator		/ / Date