

Division of Corporations
P210 Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NEW PROVIDENCE MANAGEMENT GROUP CO**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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JAN 04 2021

COVER LETTER

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

SUBJECT: New Providence Management Group Co.

(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: Alan E. Sherman

Name (Printed or typed)

Sills Cummis & Gross P.C. 1 Riverfront Plaza

Address

Newark, New Jersey 07102

City, State & Zip

(973) 643-5959

Daytime Telephone number

alansherman@sillscummis.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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 Providence Management Group Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5959 Collins Avenue

Unit #1007

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the transaction of any or all lawful business for which
corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares with a par value of \$.01 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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FALL RIVER COUNTY, FL

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Alan E. Sherman
Address: c/o Sills Cummis & Gross P.C. 1 Riverfront Plaza
Newark, New Jersey 07102

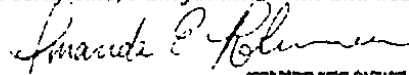
ARTICLE VIII EFFECTIVE DATE:

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




Required Signature/Registered Agent

December 29, 2020

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

December 29, 2020

Date

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