



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000080368 3)))



H220000803683ABC\$

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : AJ ACCOUNTING SERVICES, INC.  
Account Number : I20110000092  
Phone : (305)448-9584  
Fax Number : (305)448-9569

**\*\*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  
NEIGHBORHOOD ENTERPRISE INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

HL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR -4 PM 1:08

FILED



March 4, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AJ ACCOUNTING SERVICES, INC.

SUBJECT: NEIGHBORHOOD ENTERPRISE INC  
REF: W22000027841

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H22000080368  
Letter Number: 922A00005293

FILED  
2022 MAR -4 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: NEIGHBORHOOD ENTERPRISE 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: NEIGHBORHOOD ENTERPRISE INC

Name (Printed or typed)

11585 HIBBS GROVE DR

Address

COOPER CITY, FL 33330

City, State & Zip

954-253-4887

Daytime Telephone number

JABBOURANDASSOCIATES@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: NEIGHBORHOOD ENTERPRISE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11585 HIBBS GROVE DR

11585 HIBBS GROVE DR

COOPER CITY, FL 33330

COOPER CITY, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFULL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MOHAMMED ALAMGIR PD

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

Address 11585 HIBBS GROVE DR  
COOPER CITY, FL 33330

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2022 MAR -4 PM 11:08  
SECRETARY OF STATE  
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: MOHAMMED ALAMGIR

Address: 11585 HIBBS GROVE RD

COOPER CITY, FL 33330

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MOHAMMED ALAMGIR

Address: 11585 HIBBS GROVE DR

COOPER CITY, FL 33330

FILED  
 2022 MAR -4 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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*

Mohammed Alamgir

Required Signature/Registered Agent

03/02/2022

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.*

Mohammed Alamgir

Required Signature/Incorporator

03/02/2022

Date