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Division of Corporations
Florida Department of State
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To:

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

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

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

Email Address: wftaxes-more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
NEWCASTLE HOME ENTERPRISE INC**

Certificate of Status	1
Certified Copy	0
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COVER LETTER

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

SUBJECT: NEWCASTLE HOME 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: YASSIR COLON
Name (Printed or typed)

2582 SE DELANO RD
Address

PORT ST. LUCIE, FL 34952
City, State & Zip

772-380-6831
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2022 JUN 1 10:36

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: NEWCASTLE HOME ENTERPRISE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2582 SE DELANO RD
PORT ST. LUCIE, FL 34952

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	YASSIR COLON, PRESIDENT	Name and Title:	
Address	2582 SE DELANO RD PORT ST. LUCIE, FL 34952	Address:	
Name and Title:	ODEL COLON, VICE PRESIDENT	Name and Title:	
Address	2802 SE IRONTON RD PORT ST. LUCIE, FL 34952	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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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: YASSIR COLON

Address: 2582 SE DELANO RD

PORT ST. LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ

Address: 508 SW PORT ST LUCIE BLVD

PORT ST. LUCIE, FL 34953

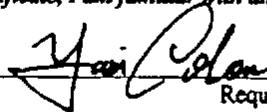
ARTICLE VIII EFFECTIVE DATE:

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

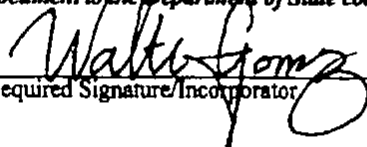


Required Signature/Registered Agent

05/31/2022

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.



Required Signature/Incorporator

05/31/2022

Date

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