

# P23000051181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

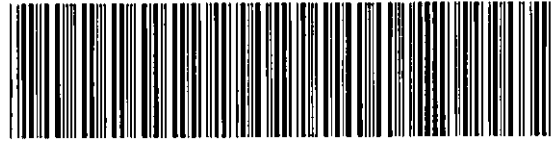
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR - 4 2023

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STATE OF FLORIDA  
TALLAHASSEE

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CLERK OF COURT  
CORPORATIONS  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04/03/2023

Name: Greg Pintacuda

Reference #: 1955145

Entity Name: NEWFIELDS NY ENGINEERING, P.A.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$70

Signature: 

## COVER LETTER

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

SUBJECT: NewFields NY Engineering, P.A.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jennifer Rosenberg  
Name (Printed or typed)

1349 W. Peachtree St. NW, Suite 1950  
Address

Atlanta, GA 30309  
City, State & Zip

404-347-9050  
Daytime Telephone number

notices@newfields.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: NewFields NY Engineering, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal <del>street</del> address <u>1349 W. Peachtree St. NW</u>  <u>Suite 1950</u>  <u>Atlanta, GA 30309</u>	Mailing address, if different is:     
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide eprofessional engineering services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: <u>Patrick C. Gobb, CEO</u>  Address: <u>16775 Addison Road</u> <u>Suite 614</u> <u>Addison, TX 75001</u>	Name and Title: <u>Patrick C. Gobb, Director</u>  Address: <u>16775 Addison Road</u> <u>Suite 614</u> <u>Addison, TX 75001</u>
---	--

Name and Title: _____  Address: _____ _____ _____	Name and Title: _____  Address: _____ _____ _____
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Name and Title: _____  Address: _____ _____ _____	Name and Title: _____  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: COGENCY GLOBAL INC.  
Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Patrick C. Gobb  
Address: 16775 Addison Road, Suite 614  
Addison, TX 75001


**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

4/3/2023  
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

04/03/2023  
Date