

P96000094367

Russel M. Hoffman Jr.

Requestor's Name

P.O. Box 4904

Address

Deerfield Beach, Fl. 33442

City/State/Zip

Phone #

(954) 224-3707

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. New Dimentions Inc.

(Corporation Name)

(Document #)

2. New Dimentions International, Inc. W96-21311

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

800001965078
-10/04/96--01048--005
*****78.75 *****78.75

96 NOV 19 AM 9:03

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

11-19-96
(signature)

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
95 NOV 19 AM 9:04

SUBJECT: _____

New Dimentions Inc

(Proposed corporate name - must include suffix)

New Dimentions International, Inc

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: _____

Russel M. Hoffman Jr.

Name (printed or typed)

P.O. Box 4404 2920 Forest Hills Blvd K3

Address

Coral Springs, FL 33065

Deerfield Beach, FL 33442

City, State & Zip

954 224 3707

Daytime Telephone number

W96-21311

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 9, 1996

RUSSEL M. HOFFMAN JR.
P.O. BOX 4904
DEERFIELD BEACH, FL 33442

SUBJECT: NEW DIMENTIONS INC.
Ref. Number: W96000021311

95 NOV 19 AM 9:04

We have received your document for NEW DIMENTIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Vickie Whitfield
Corporate Specialist

Letter Number: 596A00045984

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

~~New Dimensions Inc~~
New Dimensions International, Inc.

65 NOV 19 AM 9:04

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

~~P.O. Box 4409~~
~~Deerfield, Bch FL 33442~~

2920 Forest Hills Blvd K3
Coral Springs, FL 33065

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

~~Russell M. Hoffman Jr.~~
~~3320 S.W. 4th Street~~
~~Deerfield Beach, FL~~
33442

2920 Forest Hills Blvd, K3
Coral Springs, FL 33065

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Russel M. Hoffman Jr.

~~3342 SW 4th Street.~~

~~Deerfield Bch, FL 33442~~

2920 Forest Hills Blvd K3

Coral Springs, FL 33065

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30 day of September, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

New Dimensions Inc.
NEW DIMENSIONS INTERNATIONAL, INC

2. The name and address of the registered agent and office is:

Russel M. Hoffman JR.
(NAME)

3320 S.W. 4th Street 2920 Forest Hills Blvd K3
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Deerfield Beach, FL 33442 Coral Springs, FL 33065
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(SIGNATURE)

9/30/96
(DATE)

FILED
IN CLERK'S OFFICE
96 NOV 19 AM 9:06

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314