

P25000006892

(Requestor's Name)

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(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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Office Use Only



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2025 FEB -7 PM 3:47

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2025 FEB -7 AM 11:26

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 2/7/2025

**PRIORITY** Expedite

**OUR REF. # (Order ID#)** 1345498

**ORDER ENTITY**  
THE EWING GROUP, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
THE EWING GROUP, INC. ( FL )

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: The Ewing Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>8673 Cavao Street</u> <u>Naples, Florida 34119</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate holding company.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: <u>James D. Ewing, Jr., Director</u> Address: <u>8673 Cavano Street</u> <u>Naples, Florida 34119</u>	Name and Title: _____ Address: _____ _____
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Name and Title: <u>Melanie Ewing, Director</u> Address: <u>8673 Cavano Street</u> <u>Naples, Florida 34119</u>	Name and Title: _____ Address: _____ _____
--	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
--	--

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: James D. Ewing, Jr.  
Address: 8673 Cavano Street  
Naples, Florida 34119

**ARTICLE VII INCORPORATOR**

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

Name: James D. Ewing, Jr.  
Address: 8673 Cavano Street  
Naples, Florida 34119

**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*

James D. Ewing, Jr. 1/31/2025  
Required Signature/Registered Agent 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.*

James D. Ewing, Jr. 1/31/2025  
Required Signature/Incorporator Date