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TRANSMITTAL LETTER

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

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-01/22/01--01137--013
*****87.50 *****87.50

SUBJECT: ~~A~~ NEW BEGINNING/NMI INCORPORATED
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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 of Status	☐$78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: CAROLYN F. ALLEN
Name (Printed or typed)

524 M.L. KING ST. SO.
Address

ST. PETE. FL. 33701
City, State & Zip

727/ 824-5690
Daytime Telephone number

FILED
01 JAN 22 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

F. CHESSER JAN 2 4 2000

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

THE NEW BEGINNING/NMI INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

524 ML KING ST. SO.
ST. PETE. FL. 33701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SHELTER, WORK, COUNSELING AND REHABILITATION TO RECOVERING ALCOHOLICS/HOMELESS + DRUG ADDICTS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED BY CHIEF EXECUTIVE OFFICER

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

CAROLYN F ALLEN 524 ML KING ST. SO. ST. PETE FL. 33701
BENJAMIN MARTIN 7704 N. OLA AVE. TAMPA FL 33604
JOEL MCNAIR 7337 REGINA ROYALE BLVD. SARASOTA FL 34238
MRS. BENJAMIN MARTIN, SR 3927 5TH AVE SO. ST. PETE FL. 33711

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

CAROLYN F ALLEN 524 ML KING ST. SO.
ST. PETE. FL. 33701

ARTICLE VII INCORPORATOR

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

CAROLYN F. ALLEN
524 ML KING ST. SO.
ST. Pete, FL 33701

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01 JAN 22 PM 12:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Carolyn F. Allen
Signature/Registered Agent

10/2/00
Date

Carolyn F. Allen
Signature/Incorporator

10/2/00
Date