

# No5000002019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3-1-05

## TRANSMITTAL LETTER

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

SUBJECT: Nu Serenity Inc.  
(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: Cramita Ivette Goss  
Name (Printed or typed)

2423 NW 95th St  
Address

Miami, FL 33147  
City, State & Zip

305-579-3469  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

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SEC. STARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: *Nu Serenity Inc.*

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: *2423 NW 95th St  
Miami, FL. 33147*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Mentoring and Community Outreach  
for underprivilege and at risk teenagers. With the intent  
of becoming 501 c3*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: *Via Proxy*

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

List name(s), address(es) and specific title(s):

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Cramita I. Goss  
2423 NW 95th St  
Miami FL. 33147*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Cramita Goss  
2423 NW 95th St  
Miami FL. 33147*

\*\*\*\*\*  
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.

*Cramita Goss*  
\_\_\_\_\_  
Signature/Registered Agent

*2/16/05*  
\_\_\_\_\_  
Date

*Cramita Goss*  
\_\_\_\_\_  
Signature/Incorporator

*2/16/05*  
\_\_\_\_\_  
Date