

NO6600002157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

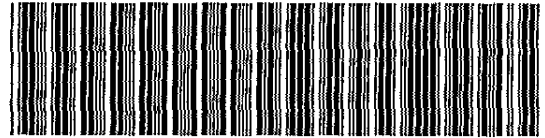
(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: New Horizons Youth Services 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: Elerda E. Garcia
Name (Printed or typed)

P.O. Box 2494
Address

LaBelle, FL 33975
City, State & Zip

863-342-2541
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)

ARTICLE I NAME

The name of the corporation shall be:

New Horizons Youth Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 2494

6019 S. Hwy 29

LaBelle, Fla. 33975

LaBelle, FLA. 33935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Juvenile Corrections

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

through voting process.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President- Elenda Garcia, P.O. Box 2494, LaBelle, FL 33975

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

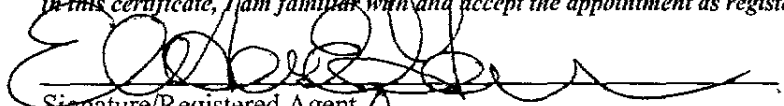
Elenda Garcia, 6019 S. Hwy 29, LaBelle, FL 33935

ARTICLE VII INCORPORATOR

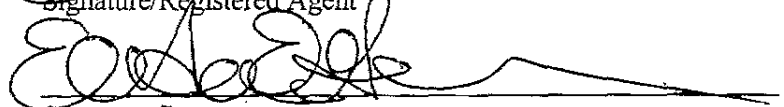
The name and address of the Incorporator is:

Elenda Garcia, P.O. Box 2494, LaBelle, FL 33975

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.


Signature/Registered Agent

2/23/04
Date


Signature/Incorporator

2/23/04
Date

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA