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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE F. STATE



COVER LETTER

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

SUBJECT: New Horizon Community Outreach, Inc.				
Enclosed is an original and	(PROPOSED CORPORATION OF THE Articles of the A		·	
\$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 CO	PY REQUIRED	
FROM:	New Horizon Community Outreach, Inc. Name (Printed or typed) 5643 Beach Blvd. Address		-	
Jacksonville, FL 32207				

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

City, State & Zip

904-393-9038 Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME	day II
The name of the corporation shall be:	'LED
New Horizon Community Outreach, Inc.	08 MAR 19 AM II: 15
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE FALLAHASSEE, FLORIDA
The principal place of business and mailing address of this corporation shall be:	ALLAHASSEF STATE
5643 Beach Blvd. Jacksonville FL 32207 (Duval County, FL)	LURIDA
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To provide Supportive Services to the homeless and disadvantage clothing, educational and employment assistance.	e; of which will be food, housing,
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	
Starting the corporation the first two will be appointed by the Direct be appointed by the Board. This will be done by vote.	or, then the remaining five will
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):	
Sabrina Brown(Director)	
5643 Beach Blvd.	
Jacksonville, FL 32207	
904-393-9038	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADD	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	tered agent is:
Sabrina Brown(Director) 5643 Beach Blvd.	
Jacksonville, FL 32207	
904-393-9038	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Sabrina Brown(Director)	
5643 Beach Blvd.	
Jacksonville, FL 32207 904-393-9038	
***************************************	******
Having been named as registered agent to accept service of process for the above stated c in this certificate, I am familiar with and accept the appointment as registered agent and	
Sabina Brown	03/14/2008
Signature/Registered Agent	Date

Signature/Incorporator

03/14/2008

Date