

N080000009079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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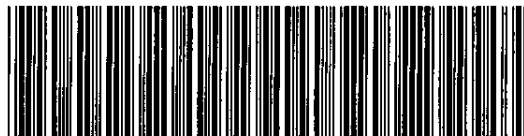
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 SEP 29 A 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2008  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** NewStart with WorkNet Career Center, 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: Vikki A. Arneault  
Name (Printed or typed)

4008 Pine Run Circle  
Address

St Augustine, FL 32084  
City, State & Zip

904-501-9268  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2008

VIKKI A. ARNEAULT  
4008 PINE RUN CIRCLE  
ST AUGUSTINE, FL 32084

SUBJECT: NEWSTART WITH WORKNET CAREER CENTER, INC.  
Ref. Number: W08000043637

We have received your document for NEWSTART WITH WORKNET CAREER CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00050843

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

**ARTICLE I NAME**

The name of the corporation shall be:

NewStart with WorkNet Career Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4008 PINE RUN CIR  
ST AUGUSTINE, FL 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate a non-denominational ministry to help persons with barriers be come more employable and to offer educational programs for that purpose. If this corporation should one day be dissolved, all assets shall be donated to another non-profit helps ministry determined by the current Board of Directors at the time of dissolution.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Initial board is appointed by Founder or current Chairman, additional members may be appointed with unanimous Board Approval. Each officer shall serve for 3 years and then shall remain in position or be replaced by majority approval. Term of office begins on October 1, 2008 and will continue until September 30, 2011 except for Chairman which shall serve for 5 year terms ending September 30, 2013.

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

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

Vikki Arneault, Founder and Chairman	4008 Pine Run Cir. St Augustine, FL 32086
Nola Helen Stephens, Treasurer	1 Fancher Ct. St Augustine, FL 32080
Patricia Webb, Secretary	4008 Pine Run Cir. St Augustine, FL 32086
Valerie Sutton, Vice Chairman	162 Segovia Rd. St Augustine, FL 32086

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

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

Vikki Arneault  
4008 Pine Run Cir  
St Augustine, FL 32086

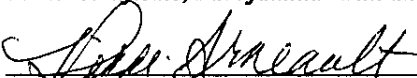
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Vikki Arneault  
4008 Pine Run Cir  
St Augustine, FL 32086

\*\*\*\*\*

*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

9-16-08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-16-08  
\_\_\_\_\_  
Date

FILED

2008 SEP 29 A 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA