

N10000008462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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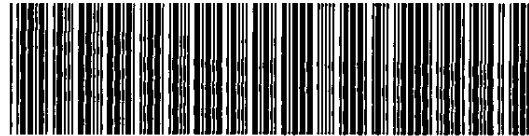
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 7 PM 2:56

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AND  
FILED

1/1

## COVER LETTER

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

SUBJECT: New Direction Transitional 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: Beverly Hockenberry  
Name (Printed or typed)

1939 NW 2nd Street  
Address

Ocala, FL 34475  
City, State & Zip

1-352-610-3486  
Daytime Telephone number

bhockenberry147@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
FOR A FLORIDA NOT FOR PROFIT CORPORATION  
NEW DIRECTION TRANSITIONAL SERVICES, INC.**

**ARTICLE I: NAME**

The name of this corporation shall be New Direction Transitional Services, Inc.

**ARTICLE II: PRINCIPLE OFFICE**

The principal place of business and mailing address of this corporation shall be  
New Direction Transitional Services, Inc.

1939 NW 2nd Street

Ocala, FL 34475

**ARTICLE III:**

The purpose for which this not for profit corporation is organized is:

This not for profit corporation is organized and authorized to engage in business permitted under the laws of the United States of America and the State of Florida; and will serve and support the community with a Christian heart in ways including but not limited to the following:

- A. By providing shelter and services to the stranger and homeless, as available, in an attempt to help them to get reestablished.
- B. By visiting the sick and incarcerated.
- C. By providing food and clothing to the community, according to availability.
- D. By educating the community through counseling, workshops, and publications.

**ARTICLE IV: MANNER OF ELECTION**

The manner in which the directors are elected or appointed is by the president or majority vote.

**ARTICLE V: INITIAL DIRECTORS/OFFICERS**

Beverly Hockenberry - President

1939 NW 2nd Street

Ocala, FL 34475

**ARTICLE VI: INTIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of registered agent is:

Beverly Hockenberry

1939 NW 2nd Street

Ocala, FL 34475

**ARTICLE VII - INCORPORATOR**

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

**Beverly Hockenberry  
1939 NW 2nd Street  
Ocala, FL 34475**

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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.**

Beverly Hockenberry  
Signature of Registered Agent

9-3-10  
Date

Beverly Hockenberry  
Signature of Incorporator

9-3-10  
Date