

**N11000005443**

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**J. Shivers JUN 06 2011**

## COVER LETTER

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

SUBJECT: A New Life for Women 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: Dr. Derenda Edmondson

Name (Printed or typed)

9951 Atlantic Blvd Suite 126

Address

Jacksonville FL 32225

City, State & Zip

904 724 9960

Daytime Telephone number

edmo7778@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be: A New Life for Women, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
9951 Atlantic Blvd., Suite 126  
Jacksonville, FL 32225

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this for-profit corporations is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida. These activities include: business and individual training, consulting, coaching and monitoring; business and individual substance abuse and mental health counseling, consulting services; business and personal workshops and seminars; business and personal growth retreats and other team building events, selling of goods, materials and services related to these activities; and the practice of a profession permitted by Chapters 394, 397 and 491, F.S.

### **ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: <u>Derenda Edmondson, President</u>	Name and Title: _____
Address: <u>9951 Atlantic Blvd., Suite 126</u>	Address: _____
<u>Jacksonville, FL 32225</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

### **ARTICLE VI REGISTERED AGENT**

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

Name: Derenda Edmondson  
Address: 9951 Atlantic Blvd., Suite 126  
Jacksonville, FL 32225

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Derenda Edmondson  
Address: 9951 Atlantic Blvd., Suite 126

*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*

Dr. Derenda Edmondson  
Required Signature/Registered Agent

6-2-11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Dr. Derenda Edmondson  
Required Signature/Incorporator

6-2-11  
Date