

W11000005981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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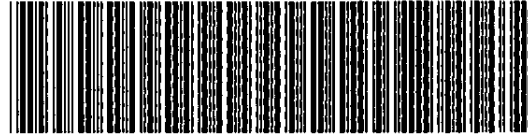
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 21 AM 10:31

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J. Shivers JUN 22 2011

W11-31975

COVER LETTER

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

SUBJECT: A NEW DAY, 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: CAROLYN F. McMillian
Name (Printed or typed)

1172 NW 44th Avenue
Address

LAUDERHILL, FLA 33313
City, State & Zip

(954) 439-8454
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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: MY HOUSE IS YOUR HOUSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1172 NW 44 Avenue
Lauderhill, FLA 33313

SAME

(954) 439-8454

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A CONTINUUM OF
SERVICES IN SUBSTANCE ABUSE AND MENTAL HEALTH
BUT NOT LIMITED TO.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn McMillian Name and Title: _____

Address: _____ Address: _____

Name and Title: ERNESTINE BOBB Name and Title: _____

Address: _____ Address: _____

Name and Title: ASHLEY BOBB 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: Carolyn McMillian
Address: 1172 NW 44 Avenue
Lauderhill, FLA 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolyn McMillian
Address: 1172 NW 44 Avenue
Lauderhill, FLA 33313
(954) 439-8454

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

Carolyn McMillian

Required Signature of Registered Agent

6/17/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Carolyn McMillian

Required Signature of Incorporator

6/17/11
Date

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