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(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
<b>\</b>	<b>,</b>	,	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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## **COVER LETTER**

Department of State

Division of Corporations	<b>,</b>		THE P
P. O. Box 6327 Tallahassee, FL 32314			
SUBJECT: 2314	aching New (PROPOSED CORPORATI	D Heights, Ename- <u>mustincli</u>	DE SUFFIX)
Enclosed is an original ar	nd one (1) copy of the Artic	eles of Incorporation and	l a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM: Aretha Duncan Name (Printed or typed)			
	3440 Holly	wood Blv	d. Suite 2/15-
Hollywood, Florida 33021 City, State & Zip			
954-851-3105 Daytime Telephone number			
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 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: Reaching New He	eights, Inc.
Principal office  Principal street address  3440 Hollywood Blvd.  Suite 415  Hollywood, Honda 33021	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To recovering addicts and alcohology addicts and alcohology.	e transition. L housing
ARTICLE IV MANNER OF ELECTION The manner in which the directo	ors are elected and appointed: Voles
Name and Title: Name and Title Address:  Name and Title: Hollywood, Horida 33021  Name and Title: Hollywood, Horida 33021  Name and Title: Hollywood, Horida 3021  Name and Title: Hollywood, Horida 3021  Name and Title: Hollywood, Horida 3021  Name and Title: Horida 3021  Name and Title: Horida Horida 3021	
Name and Title: Aretra Duncan Sec Name and Title  Address: 3140 Hollywood Blod Address:  Suite 415  Hollywood Honida 33021	E:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered age  Name:  Address:  Addre	ARY OF STATE ASSEE, FLORIDA
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Address: Addres	
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and agree	stated corporation at the place designated in this see to act in this capacity
Detha tunia	3/8/2012
Required Signature of Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware the tothe Department of State constitutes a third degree felony as provided for in s.817.15	that any false information submitted in a document 55, F.S.

Required Signature of Incorporator