(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(De	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

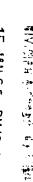
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## FLORIDA DEPARTMENT OF STATE AHASSEL FLORIDA Division of Corporations

December 29, 2014

ELORINE FEACHER 755 BALSA DR. ALTAMONTE SPRINGS, FL 32714

SUBJECT: NEW DAWN INCORPORATED

Ref. Number: W14000076484

We have received your document for NEW DAWN INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 214A00027321

## **COVER LETTER**

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

TURNING STONE
New Dawn Incorporated

(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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

EDOM: Elorine Feacher/Sandra Peterson

Name (Printed or typed)

755 Balsa Dr./ 725 Golfview St.

Address

Altamonte Springs, FL. 32714/Orlando, FL. 32804

City, State & Zip

407-607-6159/321-277-6744

Daytime Telephone number

efaecher3@att.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 617, F.S., (Not for Profit)

TUCNING STODE.

The name of the corporation shall be:	Dawn Incorporated			
ARTICLE II PRINCIPAL OFFIC				
Principal <u>street</u> address: 755 Balsa Dr.	Mailing address, if di	Mailing address, if different is:		
Altamonte Springs,	FL. 32714			
	organized is: to provide exemplary service out developmental disabilities	s for children		
ARTICLE IV MANNER OF ELE  Voted in and/or out on a bi-an	CTION The manner in which the directors are elected and ap	pointed:		
Voted in and/or out on a bi-an	<del></del>	pointed:		
Voted in and/or out on a bi-an  ARTICLE V INITIAL OFFICE	nual bases			
Voted in and/or out on a bi-an  ARTICLE V INITIAL OFFICE  Name and Title:	nual bases RS AND/OR DIRECTORS			
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Voted in and/or out on a bi-an  ARTICLE V INITIAL OFFICE  Name and Title:  Address	nual bases  RS AND/OR DIRECTORS  Name and Title:  Address:	15 JAN 28		
Name and Title:  Name and Title:	nual bases  RS AND/OR DIRECTORS  Name and Title: Address:	15 JAN 26		
Name and Title:  Name and Title:	nual bases  RS AND/OR DIRECTORS  Name and Title:  Address:  Name and Title:  Address:	15 JAN 28 PHI2: Li		
Name and Title:  Address  Address	nual bases  RS AND/OR DIRECTORS  Name and Title: Address:  Name and Title: Address:	15 JAN 28 PH 12: Li		

Name and Title:		Name and Title:		
Address		Address:		
Name and Title: Address		Name and Title:  Address:		
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acc Elorine L. Feacher	eptable) of the registered agent is:	15 JAR	#\$ . - √ ( i i i i i i i i i i i i i i i i i i
Address:	755 Balsa Dr. Altamonte Springs, FL.	32714	26 PHI	CHAPTER STATE
ARTICLE VII	INCORPORATOR  lress of the Incorporator is:		PH 12: 4 1	100 mg
Name:	Sandra Peterson			-
Address:	725 Golfview St.	<del></del>		
ridaress.	Orlando, FL. 32804			
		e of process for the above stated corporation at the place d as registered agent and agree to act in this capacity	lesignate	ed in this
Elou	Ni tesselver  Required Signature of Registere	ed Agent $\frac{12/21/1}{Date}$	4	
	nent and affirm that the facts stated he of State constitutes a third degree felon Required Signature of Inco	12/21/	ed in a d	locument