

MISSOURI 926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6400076484

JAN 29 2015

T. SCOTT



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12/24/14--01006--002 **78.75

15 JAN 26 PM 12:41



RECEIVED

15 JAN 26 PM 3:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: 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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: 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)

ARTICLE I NAME

The name of the corporation shall be: Turning Stone New Dawn Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

755 Balsa Dr.

Mailing address, if different is:

Altamonte Springs, FL. 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide exemplary services for children and adults with and without developmental disabilities

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

Voted in and/or out on a bi-annual bases

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 JAN 25 PM 12:41

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: Elorine L. Feacher

Address: 755 Balsa Dr.

Altamonte Springs, FL. 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Peterson

Address: 725 Golfview St.

Orlando, FL. 32804

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

Elorine Feacher

Required Signature of Registered Agent

12/21/14

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.

Sandra Peterson

Required Signature of Incorporator

12/21/14

Date

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