

N15000009086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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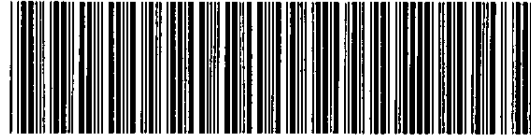
(Business Entity Name)

(Document Number)

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MD 9/22

COVER LETTER

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

SUBJECT: New Level of Excellence, 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: Gabrielle E Carey

Name (Printed or typed)

1971 NW 188 terrace

Address

Miami Gardens, Fl 33056

City, State & Zip

786-501-6363

Daytime Telephone number

newlevelexcellence@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2015

GABRIELLE E. CAREY
1971 N.W. 188TH TERRACE
MIAMI GARDENS, FL 33056

SUBJECT: NEW LEVEL EXCELLENCE, INC.
Ref. Number: W15000056892

We have received your document for NEW LEVEL EXCELLENCE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 815A00018079

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: New Level Excellence, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1971 NW 188 terrace Miami Gardens Fl 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Is to provide public assistance to the community in an attempt to inspire
and enhance the lives of individuals and families through engagement in charitable and educational activities within the meaning
of Section 501(c)(3) of the Internal Revenue Code

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Gabrielle E Carey P</u>	Name and Title:	<u>Brittany N Robinson V</u>
Address	<u>1971 NW 188 terrace</u>	Address:	<u>45 West 139th St. Apt. 3L</u>
	<u>Miami Gardens, Fl 33056</u>		<u>New York, NY 10037</u>
Name and Title:	<u>Chanika Young S</u>	Name and Title:	<u>Christina Carey S</u>
Address	<u>18815 NW 23rd Ave</u>	Address:	<u>4117 SW 20th Ave Apt. 33</u>
	<u>Miami Gardens Fl 33056</u>		<u>Gainesville, Fl 32607</u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></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: Gabrielle Carey
Address: 1971 NW 188 terrace
Miami Gardens Fl 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabrielle Carey
Address: 1971 NW 188 terrace
Miami Gardens Fl 33056

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature of Registered Agent

8/15/2015

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.

Required Signature of Incorporator

8/15/2015

Date