

1190000000840

(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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2018

ROSELLE LEVELLE
567 MANGO DR APT 206
WEST PALM BEACH, FL 33415

SUBJECT: A NEW SIGHT INC
Ref. Number: W18000108060

We have received your document for A NEW SIGHT INC and your check(s) totaling \$70.00. 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.

L16000221162-NEW SIGHT, LLC,

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: 418A00025768

COVER LETTER

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

SUBJECT: FIRST SIGHT 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: Roselle Leveille
Name (Printed or typed)

567 MANG-OLD R APT 206
Address
West Palm Beach FL 33415
City, State & Zip

(561) 478-9153
Daytime Telephone number

RoselleLeveille@YAHOO.COM
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: FIRST SIGHT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

567 MANO DR Apt 206
West PALM BEACH
FL 33415

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to ASSIST the VETERANS
to EXPRESS their ARTISTIC TALENTS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: the
BOARDS Elected AS SEEN IN the BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roselle Leveille President Name and Title: _____

Address: 567 MANO DR Apt 206 Address: _____

West PALM BEACH
FL 33415

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Roselle Lovelle
Address: 567 MANU DR Apt 206
WEST PALM BEACH FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roselle Lovelle
Address: 567 MANU DR Apt 206
WEST PALM BEACH, FL 33415

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 days prior or 90 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

Roselle Lovelle
Required Signature of Registered Agent

12-07-2018
Date

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.

Roselle Lovelle
Required Signature of Incorporator

12-07-2018
Date