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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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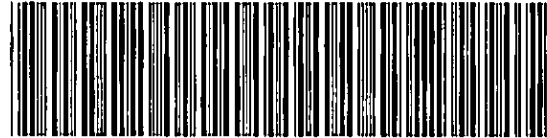
(Business Entity Name)

(Document Number)

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SOUTHERN DISTRICT
FALL ALABAMA, FLORIDA

D O'KEEFE

FEB 25 2019

COVER LETTER

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

SUBJECT: NEW HORIZONS OF CLEWISTON INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: AVA BARRETT
Name (Printed or typed)

1706 Euclid Avenue
Address

Lehigh Acres, FL, 33972
City, State & Zip

954-205-5301
Daytime Telephone number

dykesbar@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: The name of this Corporation is NEW HORIZONS OF CLEWISTON INC. The Corporation is organized pursuant to the FLORIDA Nonprofit Corporation Code.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

901 Della Tobias Avenue

Clewiston, FL. 33440

Mailing address, if different is:

ARTICLE III PURPOSE

- (a) The purpose for which the corporation is organized is: This Corporation is organized exclusively for charitable, religious, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) The Corporation is non-profit organized under the State of Florida Non-profit Public Benefit Corporation Law. No part of the income or assets of the Corporation is distributable to or for the benefit of its Members, Directors or Officers, except to the extent permissible under the law. The programs will consist of Economic Develop programs, including but, shall not be limited to: Homelessness, Health Care, Child Care, Youth at High Risk, Tutorials, Mentoring, Land Acquisition, Housing, Job Training, Counseling, Employment and other programs to help the needy.
- (c) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to carry on by: (1) by a corporation exempt from federal income tax under Section 501(c)(3) or by a corporation contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors are elected in accordance with the Bylaws.

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V MANNER OF DISSOLUTION

The manner of dissolution of the Corporation: On the dissolution or winding up of the Corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for Religious purposes under Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara A. Dykes
President

Address: P.O. Box 291
Clewiston, FL 33440 President

Name and Title: Melvin Jones
Vice President

Address: 901 Della Tobias Avenue
Clewiston, FL 33440

Name and Title: Charley Mae Johnson
Secretary

Address: P.O. Box 2255
Clewiston, FL 33440

Name and Title: Nardina Johnson
Treasurer

Address: P.O. Box 688
Clewiston, FL 33440

ARTICLE VII REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ava Barrett

Address: 1706 Euclid Avenue, Lehigh Acres, FL. 33972

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name: Ava Barrett

Address: 1706 Euclid Avenue, Lehigh Acres, FL 33972

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SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IX 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

Janet

Required Signature of Registered Agent

2/13/2019

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.

Janet

Required Signature of Incorporator

2/13/2019

Date

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TALLAHASSEE, FLORIDA