

N220000000382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

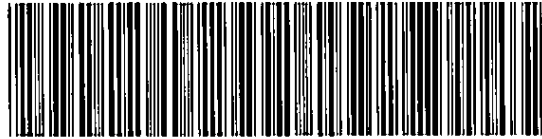
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NEW VISION OUTREACH INC

Signature _____

Requested by: BA

01/18/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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

ARTICLE I NAME

The name of the corporation shall be: NEW VISION OUTREACH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5693 AZALEA CIRCLE

WEST PALM BEACH FLORIDA 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AS A NON-PROFIT ORGANIZATION TO ASSIST RETURNING
CITIZENS TO RECEIVE THE TOOLS AND RESOURCES TO BE SUCCESSFUL MEMBERS OF SOCIETY.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAKISHA ROBINSON, DIRECTOR

Address: 5693 AZALEA CIRCLE
WEST PALM BEACH, FL 33415

Name and Title: CARL PUGH, DIRECTOR

Address: 828 5TH STREET
WEST PALM BEACH, FL 33401

Name and Title: EILEEN PUGH, DIRECTOR

Address: 828 5TH STREET
WEST PALM BEACH, FL 33401

Name and Title: JAYLEN JOHNSON, DIRECTOR

Address: 5693 AZALEA CIRCLE
WEST PALM BEACH, FL 33415

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE

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: LAKISHA ROBINSON _____

Address: 5693 AZALEA CIRCLE _____

WEST PALM BEACH, FL 33415 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAKISHA ROBINSON _____

Address: 5693 AZALEA CIRCLE _____

WEST PALM BEACH, FL 33415 _____

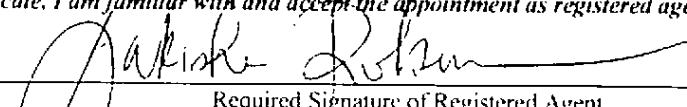
ARTICLE VIII EFFECTIVE DATE:

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:

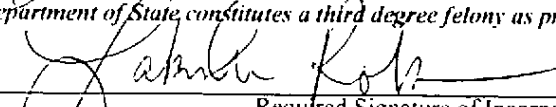


Required Signature of Registered Agent

12/23/21

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

12/23/21

Date