

N220000007610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

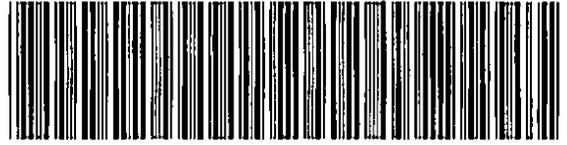
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900389913539

06/24/22--01010--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 24 AM 8:20

FILED

HL

# COVER LETTER

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

**SUBJECT:** Reaching New Heights 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: Arthur J. Cox, Sr.  
\_\_\_\_\_  
Name (Printed or typed)

14628 Basilham LN  
\_\_\_\_\_  
Address

Jacksonville, FL 32258  
\_\_\_\_\_  
City, State & Zip

904-378-6883  
\_\_\_\_\_  
Daytime Telephone number

arthurcox23@gmail.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: Reaching New Heights, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
8130 Baymeadows Circle West, Suite 206  
Jacksonville, FL 32256

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: provide high quality mental health, substance abuse and other behavioral services to youth, adolescents, and families in Northeast Florida.

*If and when this corporation is dissolved, all outstanding debts will be paid and any and all <sup>up</sup> remaining proceeds will be given to Howard University School of Social Work*

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by the president.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mitchell Allen-Cox, President  
Address: 1903 Promenade Way #3305  
Jacksonville, FL 32207

Name and Title: Brittany Humes-Cox, Vice-President  
Address: 643 Egret Bluff LN  
Jacksonville, FL 32211

Name and Title: Arthur J. Cox Jr., Registered Agent  
Address: 3853 Victoria Lakes Dr. East  
Jacksonville, FL 32226

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Rain J. Law, Secretary  
Address: 8130 Baymeadows Circle West #206  
Jacksonville, FL 32256

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

FILED  
JUN 24 AM 8:20  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

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: Arthur J Cox, Jr.

Address: 3853 Victoria Lakes Dr. East  
Jacksonville, FL 32226

FILED  
2022 JUN 24 AM 8:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Arthur J Cox Sr.

Address: 14628 Basilham LN  
Jacksonville, FL32258

**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*

Arthur Cox Jr.  
Required Signature of Registered Agent

6/14/2022  
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.*

Arthur J Cox Sr.  
Required Signature of Incorporator

6/14/2022  
Date