

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

COVER LETTER

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

SUBJECT: New Day, Fresh Start, 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: Dr. Sybil V. Rivers, Ph.D.

Name (Printed or typed)

2796 Penn Avenue

Address

Marianna, FL 32448

City, State & Zip

(850) 693-4192

Daytime Telephone number

NewDayFreshStartInc@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: New Day, Fresh Start, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2796 Penn Avenue, Marianna, FL 32448

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: encourage and improve the readiness of minority children from birth through secondary education with the objective of reducing the achievement gap and meeting qualifications for post secondary education.
Focus on the whole family with assistance and/or information regarding nutrition, residence, employment, mental health, addictions, parenting skills, behavior, discipline, and nurturing, etc. for the obtainment of the families full potential. Address expanding the boundaries of parents and children beyond their neighborhoods and offer the chance to explore and become a part of the world including historical, cultural, recreational activities, community, and political nuances designed to expand and enhance inclusion

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Sybil V. Rivers, Ph.D., President

Address: 2796 Penn Avenue
Marianna, FL 32448

Name and Title: Ashley Thompson, Treasurer

Address: 4632 Jackson Loop
Vestavia Hills, AL 35242

Name and Title: Dietra Lovett, Secretary

Address: PO Box 5754
Marianna, FL 32447

Name and Title: Temetris Rivers, Assistant Secretary

Address: 2796 Penn Avenue
Marianna, FL 32448

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN -3 AM 7:20

FILED

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: Dr. Sybil V. Rivers, PhD _____

Address: 2796 Penn Avenue _____

Marianna, FL 32448 _____

ARTICLE VII INCORPORATOR

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

Name: Dr. Sybil V. Rivers, PhD _____

Address: 2796 Penn Avenue _____

Marianna, FL 32448 _____


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

12/26/22

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

12/26/22

Date