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TRANSMITTAL LETTER

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

400003171114--2
-03/15/00--01067--015
*****78.75 *****78.75

SUBJECT: NEW HORIZON MARKETING, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: THOMAS G. WHITEMORE
Name (Printed or typed)

1702 IVERNESS COURT
Address

LONGWOOD, FL 32779
City, State & Zip

407.788-1598
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 15 AM 8:13

FILED

NOTE: Please provide the original and one copy of the articles.

yx 3/22

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NEW HORIZON MARKETING, INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**1702 IVERNESS COURT
LONGWOOD, FL 32779****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MANUFACTURING AND MARKETING**ARTICLE IV SHARES**

The number of shares of stock is:

7500**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

**THOMAS G. WHITEMORE
1702 IVERNESS COURT
LONGWOOD, FL 32779****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator are:

**THOMAS G. WHITEMORE
1702 IVERNESS COURT
LONGWOOD, FL 32779**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas A Whittemore
Signature/Registered Agent**Thomas A Whittemore**
Signature/Incorporator**3/14/2000**
Date**3/14/2000**
DateFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 15 AM 8:13