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

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SUBJECT:	New Horizons Celebration, Inc.		<del>~~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(Proposed corporate name - must include suffix)	)	<del>103743063</del> )2/20/0101057001 *****70.00 *****70.
Enclosed is an original	and (1) copy of the articles of incorporatio		
□ \$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
	FROM: Ange Name (Printed	la Gantt or Typed)	
	3355 W. Vine Street #102 Address		
	Kissimmee, FL 34741 City, State & Zip		
	(407) 931-2344  Daytime Telephone number		

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

# ARTICLES OF INCORPORATION (FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I - Name

The name of the corporation shall be: New Horizons Celebration, Inc.

### **ARTICLE II** - Principle Office

The principal place of business and mailing address of this corporation shall be: 5260 W. Irlo Bronson Hwy., Suite 115, Kissimmee, Fl 34746.

#### **ARTICLE III** - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

## ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Henry W. Palin, 5260 W. Irlo Bronson Hwy., Suite 115, Kissimmee, Fl 34746.

## ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Henry W. Palin, 5260 W. Irlo Bronson Hwy., Suite 115, Kissimmee, Fl 34746.

Signature of Incorporator

Having 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.

Signature of Registered Agent

Date