

704000134568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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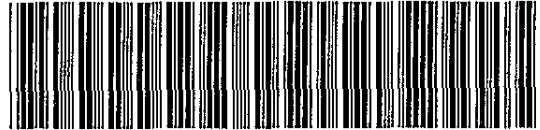
(Business Entity Name)

(Document Number)

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

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SEP 27 2004 11:03  
04 SEP 27 PM 1:03

## TRANSMITTAL LETTER

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

SUBJECT: NEWLIFE PROPERTIES & MANAGEMENT, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: KARLA PATRICIA ZELEDON  
Name (Printed or typed)

18286 MEDITERRANEAN BLVD APT 206  
Address

MIAMI LAKES, FL 33015  
City, State & Zip

(786) 419-1912  
Daytime Telephone number

SEP 27 2004  
DIVISION OF CORPORATIONS  
04 SEP 27 PM 1:03

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

## 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:

NEWLIFE PROPERTIES & MANAGEMENT, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

18286 MEDITERRANEAN BLVD APT 206 MIAMI LAKES, FL 33015

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING AND CONDUCTING ANY AND ALL BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE LAWS OF THE STATE OF FLORIDA.

### **ARTICLE IV SHARES**

The number of shares of stock is:

This Corporation is authorized to issue 1,000 shares of no par value of common stock. Shares may be issue for such consideration as is determined from time to time by the stockholders.

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

List name(s), address(es) and specific title(s):

KARLA PATRICIA ZELEDON 18286 MEDITERRANEAN BLVD. APT 206 MIAMI LAKES, FL 33015  
DIRECTOR

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

KARLA PATRICIA ZELEDON 18286 MEDITERRANEAN BLVD. APT 206 MIAMI LAKES, FL 33015

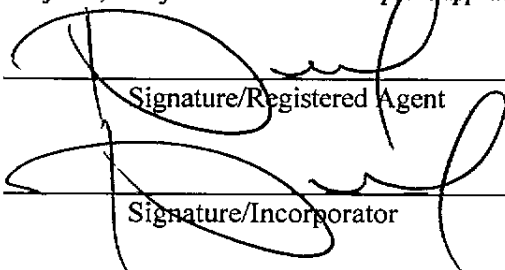
### **ARTICLE VII INCORPORATOR**

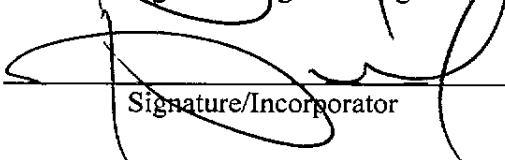
The name and address of the Incorporator is:

KARLA PATRICIA ZELEDON 18286 MEDITERRANEAN BLVD. APT 206 MIAMI LAKES, FL 33015

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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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

9/23/04  
Date

9/23/04  
Date

04 SEP 27 PM 1:01  
RECEIVED  
DIVISION OF  
CORPORATION  
STATE OF FLORIDA