

705000097001

(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



900057000769

07/11/05--01045--002 **78.75

RECEIVED
JUL 11 AM 9:46
CLERK OF COURT
JUL 11 2005

J. Shivers JUL 12 2005

TRANSMITTAL LETTER

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

SUBJECT: New Heights Construction 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: Robert Mistretta

Name (Printed or typed)

709 S. Lake Florence Dr.

Address

Winter Haven, FL 33884

City, State & Zip

863-521-5425

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 11 AM 9:46

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:

New Heights Construction Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

New Heights Construction Inc.
PO Box 2701
Winter Haven, FL 33883

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To build single family homes

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Mistretta, 709 S. Lake Florence Dr. Winter Haven FL 33884, President

Carrie Thompson, PO Box 2701, Winter Haven FL 33883, Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert Mistretta
790 S. Lake Florence Dr.
Winter Haven, FL 33884

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Carrie Thompson
PO Box 2701
Winter Haven, FL 33883

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

07/07/05
Date


Signature/Incorporator

7-7-05
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 11 AM 9:46