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Pa. 4-23-06

# **COVER LETTER**

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

SUBJECT: NEW WAY OF LIFE,	INC.		
(PROPOSED CORP	ORATE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )	
Enclosed are an original and one (1) copy of th	e articles of incorporation and	l a check for:	
\$70.00 <b>[v</b> ]\$78.75	\$78.75	□ \$87.50	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
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	ADDITIONAL CO	DPY REQUIRED	
FROM: FIRMUS BUSINESS SOLUTIONS, INC.			
	Name (Printed or typed)		
8100 SW 19 ST			
Address			
MIAMI, FL 33155			
	City, State & Zip		
(005) 775 0000			
(305) 775-3362		<del></del>	
Daytime Telephone number			

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

## ARTICLES OF INCORPORATION For NEW WAY OF LIFE, INC.

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

## ARTICLE I NAME

The name of the corporation shall be: New Way of Life, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8425 NW 8<sup>th</sup> Street

Suite 202

Miami, FL 33126

#### ARTICLE III SHARES

The number of shares of stock is: 1,000

### ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS

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

Lawraye Tavenni, President
8425 NW 8th Street
Suite 202
Miami, FL 33126

## ARTICLE V REGISTERED AGENT

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

Carlos Obregon
8100 SW 19 Street
Miami, FL 33155

## ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Lawraye Tavenni

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/Registere Agent, Date

Signature/Incorporator, Date

FILED

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SECRETARISE OF STATE