

PO7000097372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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07 AUG 29 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/30/07

## COVER LETTER

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

SUBJECT: New Dawn Health Care 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  
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: Lorna Dawn Johnson  
Name (Printed or typed)

4008 Inverrary Boulevard Apt. 8A  
Address

Lauderhill, Florida 33319  
City, State & Zip

954-461-3332  
Daytime Telephone number

**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 Dawn Health Care Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4008 Inverrary Boulevard Apt. 8A  
Lauderhill, FL 33319

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For all and any lawful business purposes

## **ARTICLE IV SHARES**

The number of shares of stock is:

2,000

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

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

Lorna Dawn Johnson - President  
4008 Inverrary Boulevard Apt. 8A  
Lauderhill, Florida 33319

## **ARTICLE VI REGISTERED AGENT**

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

Lorna Dawn Johnson  
4008 Inverrary Boulevard Apt. 8A  
Lauderhill, Florida 33319

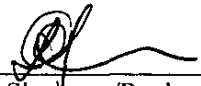
## **ARTICLE VII INCORPORATOR**

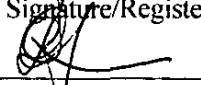
The name and address of the Incorporator is:

Lorna Dawn Johnson  
4008 Inverrary Boulevard Apt. 8A  
Lauderhill, Florida 33319

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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

FILED  
07 AUG 29 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/24/07

\_\_\_\_\_  
Date

8/24/07

\_\_\_\_\_  
Date