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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

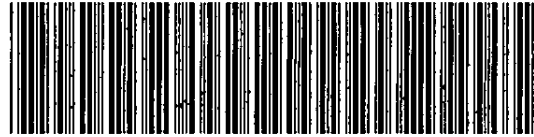
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 21 2008  
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**COVER LETTER**

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

SUBJECT: New Promises/Cope Enterprises, 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: Parrie C. Worth  
Name (Printed or typed)

816 Bother St.  
Address

Haines City, Fla.  
City, State & Zip

863-514-6618  
Daytime Telephone number

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DEPT. OF STATE

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

New Promises/Cope Enterprises Inc.  
816 Booker Street  
Haines City, Florida 33844  
For

Articles of Incorporation

This for profit corporation hereby adopt the following Articles of Incorporation

Article I

The name of the corporation shall be:  
New Promises/Cope Enterprises, Inc.

Article II

The principle place of business shall be:  
816 Booker Street  
Haines City, Florida 33844

Article III

The purposes for which these companies are formed shall be:  
To become a Medicaid Waiver Provider

Article IV

This incorporation is sole ownership incorporation and shall be:  
Incorporated with 2,000 (two-thousand) shares @ \$0.01

Article V

The initial officers, directors and board of this Incorporation shall be:

- Parrie Cope Worth CEO, Owner/Operator, Treasure, Director and Registered Agent
- Micheal Cope Vice President
- Pellia Harvey-Alcee Administrative Secretary
- DeAshley Dyer Board Member

Article VI

The name and Florida Street Address of the registered agent shall be:  
Parrie Cope Worth  
816 Booker Street  
Haines City, Florida 33844

I certify that I am familiar with and accept the responsibilities of registered agent:

REGISTERED AGENT SIGNATURE: Parrie Cope Worth  
Parrie Cope Worth

Article VII

The name and address of the incorporator shall be:  
Parrie Cope Worth  
816 Booker St.

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TALLAHASSEE, FLORIDA

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Haines City, Florida 33844  
Incorporators Signature Parrie Cope Worth  
Parrie Cope Worth

Article VIII

The effective date for the corporation shall be:  
The file date

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