# ... DO9000029430

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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# **COVER LETTER**

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

SUBJECT: NORTO	RING LIFESTYLES, INC (PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: SIL	VANITA TREVINO		
	3426 MANITOU DR	(Printed or typed) Address	
	ORLANDO, FL 32839 City	, State & Zip	
	407-999-5577  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:

NURTURING LIFESTYLES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

physical address: 144 N LANCELOT AVE., ORLANDO, FL 32835 mailing address: 3426 MANITOU DR., ORLANDO, FL 32839

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide parenting education

#### ARTICLE IV SHARES

The number of shares of stock is: one thousand (1000) shares of common stock (having a par value of \$1.00 per share)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SILVANITA TREVINO.

EUNICE KEITT.

144 N LANCELOT AVE.,

P.O. BOX 470016.,

ORLANDO, FL., 32835,

LAKE MONROE, FL 32747,

**PRESIDENT** 

VICE PRESIDENT

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: SILVANITA TREVINO 144 N LANCELOT AVE., ORLANDO, FL 32835

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: SILVANITA TREVINO 144 N LANCELOT AVE ORLANDO, FL 32835

Having been named as registered agent to accept service of pr	ocess 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					
A)- (a)	3/12/09				

Signature/Registered Agent

Date

3/12/09

Signature/Incorporator

Date