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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				
Special Instructions to Filing Officer:				
Tiden 0				
Judene Green GAVE				
TO THUHIZATION BY PHONE TO				
Share #				
DATE 3/23/10,				
DOC. EXAM				





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SECRETARY OF STATE

ATANOVICE FILED

W 10 262

COVER LETTER

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

SUBJECT: A New	Beginning, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>.ude suffix</u>)
Enclosed are an ori	ginal and one (1) copy of the art		l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM: Ju	udene Green Nam	e (Printed or typed)	***************************************
76	1 NW 179th STREET	A-11	
		Address	
Mi	ami Gardens, Florida 33169	, State & Zip	
	City	, State & Zip	
<u>30</u>	5-879-6254	Palankana namba	
	Daytime	Telephone number	
Ju	dene2000@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2010

JUDENE GREEN 761 NW 179TH STREET MIAMI GARDENS, FL 33169

SUBJECT: A NEW BEGINNING, INC

Ref. Number: W10000010262

We have received your document for A NEW BEGINNING, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 410A00005008

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:

A New Sister's Beginning, Inc

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10 MAR 22 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: Principal street address: 10311 Sunset Strip, Sunrise, Florida 33322 Mailing address: 761 NW 179th ST, Miami Gardens, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for "A New Sister's Beginning, Inc" is to provide quality care for patients in an Adult Family Care Home.

ARTICLE IV SHARES

The number of shares of stock is

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Christine Green 7410 Ramona ST, Miramar, Florida 33023
Karen Edwards 2320 Desota DR, Miramar, Florida 33023
Judene Green 761 NW 179th ST, Miami Gardens, Florida 33169
Blosselma Wilson 7410 Ramona ST, Miramar, Florida 33023
Pauline Flemmings 761 NW 179th ST, Miami Gardens, Florida 33169
Livingston Flemmings 761 NW 179th ST, Miami Gardens, Florida 33169

President/Treasurer
Vice President
Secretary
Environmentalist Director
Program Director
Marketing Director

ARTICLE VI REGISTERED AGENT

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

Judene Green 761 NW 179th ST, Miami Gardens, Florida 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judene Green
761 NW 179th ST, Miami Gardens, Florida 33169

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 Date

Signature/Incorporator Date