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| (Reque | stor's Name) | |
|-------------------------------|----------------|-----------|
| (Addre | SS) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busine | ess Entity Nam | e) |
| (Docur | nent Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filir | ng Officer: | |
| | | |
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| | | |

Office Use Only



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SECRETARY OF STATE
FALLAHASSEE FLORING

MRS) 3/23

COVER LETTER

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

| SUBJECT: New Dawn Industries, I | nc. | |
|--|-------------------------------------|--|
| (PROPOSED CORPORA | ΓΕ NAME – <u>MÚST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | d a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: Ashley Martin Name | (Printed or typed) | |
| 3275 S. John Young Pkw | vy, Suite 166 | |
| Kissimee Florida 34746 |) State & Zip | |
| 863-424-2020 Daytime Te | elephone number | |
| lifeanew123@yahoo.com E-mail address: (to be used | Tor future annual report | notification) |

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 New Dawn Industries | | |
|---------------------|--|---------------------------|--|
| | New Dawn Industries, | , Inc. | 11 Man |
| | • | | 11 MAR 21 PH 12: 41 |
| ARTICLE II | PRINCIPAL OFFICE | | ailing address of whiterest, by UF STATE. AHASSEE FLORIDA |
| | Principal <u>street</u> address 3275 S. John Young Pkwy | Ma | alling address in enterent is UF STATE. |
| | Suite 166 | | THASSEE FLORIDA |
| | Kissimee, FL 34746 | | |
| | | · | |
| ARTICLE III | | | |
| | which the corporation is organized is: ucational material | | |
| Conduct ed | ucational material | | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV | SHARES | | |
| The number of sh | nares of stock is 75 | | |
| | | | |
| | INITIAL OFFICERS AND/OR DIRECTOR | | |
| Name and Address: | Title: | Name and Title: | |
| Addiess. | | | |
| | | | |
| | | | |
| | Title: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| | Title: | Name and Title: | |
| Address: | | Address: | |
| | | - | |
| | | | |
| | REGISTERED AGENT | | |
| | lorida street address (P.O. Box NOT acceptable) o | of the registered agent i | 'S: → O → |
| Name: Address: | Ashley Martin | | |
| Address. | 3275 S. John Young Pkwy, #166 Kissimee, Fl. 34746 | | |
| | • | _ | 五 2 |
| ARTICLE VII | | | SS - L |
| | ddress of the Incorporator is: | | |
| Name: Address: | Charles Martin | | TO 53 general |
| Address. | 3275 S. John Young Pkwy #166 Kissimes, FL 34746 | | 92 |
| | Nissilliest, L 34740 | _ | 音点 二 |
| | med as registered agent to accept service of proce | | |
| this certifiqute, \ | am familiar with and accept the appointment as re | gistered agent and agr | ree to act in this capacity |
| | _ / | | 00 00 0044 |
| | | <u> </u> | 03-08-2011 |
| | Required Signature/Registered Agent | | Date |
| I submit this doc | cument and affirm that the facts stated herein ar | e true. I am aware th | at the false information submitted in a |
| document to the | Department of State constitutes a third degree felor | ny as provided for in s. | .817.155, F.S. |
| | | · | |
| CL | | • | 03-08-2011 |
| | Required Signature/Incorporator | | Date |