

P/5000046565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

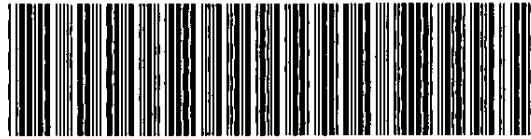
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 26 AM 11:57

05/27/15

COVER LETTER

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

SUBJECT: A New Day... New Hope... 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: Rene Arca

Name (Printed or typed)

8460 SW 104 ST.

Address

Miami, FL 33156

City, State & Zip

305-255-6000

Daytime Telephone number

renea@sunilandtravel.com

E-mail address: (to be used for 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

The name of the corporation shall be: A New Day... New Hope... Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8460 SW 104 ST.

Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Create a social forum for people who now have or had in the past debilitating or life threatening ailments. To enable worldwide communication to discuss treatments you have received that helped you as well as to offer advice and support to others in need.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rene Arca Name and Title: _____

Address 8460 SW 104 ST. Address: _____
Miami, FL 33156 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rene Arca
 Address: 8460 SW 104 ST.
Miami, FL 33156

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rene Arca
 Address: 8460 SW 104 ST.
Miami, FL 33156

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

Rene Arca
 Required Signature/Registered Agent

5/20/2015
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rene Arca
 Required Signature/Incorporator

5/20/2015
 Date