

03/25/2016 17:32

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P16 000027504

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BATCHELOR GROUP, GLOBAL FINANCIAL SERVICES CORP
Account Number : I20150000122
Phone : (786)218-4201
Fax Number : (305)824-8858

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

NEW LIFE COMPANY, Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED

16 MAR 28 AM 8:27

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TALLAHASSEE, FLORIDA

16 MAR 28 AM 11:32

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MTW
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COVER LETTER

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

SUBJECT: NEW LIFE COMPANY, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: NEW LIFE COMPANY, Inc.

Name (Printed or typed)

5378 W 12 AVE

Address

HIALEAH, FL 33012

City, State & Zip

(786) 804-7624

Daytime Telephone number

batchelorayza@hotmail.com

E-mail address: (to be used for future annual report notification)

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

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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: NEW LIFE COMPANY, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address5378 W 12 AVEHIALEAH, FL 33012

Mailing address, if different is:

5378 W 12 AVEHIALEAH, FL 33012**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MICHAEL A. FERNANDEZ (P)Address: 5378 W 12 AVEHIALEAH, FL 33012Name and Title: AYZA CASTINEIRA (S)Address: 21464 NW 40 CIRCLE CTMIAMI GARDENS, FL 33055

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 28 AM 11:32

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: AYZA CASTINEIRA
 Address: 21464 NW 40 CIRCLE CT
MIAMI GARDENS, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL A. FERNANDEZ
 Address: 5378 W 12 AVE
HALEAH, FL 33012

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent
 03/23/2016
 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.

 Required Signature/Incorporator
 03/23/2016
 Date