

P/B 0000 85447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

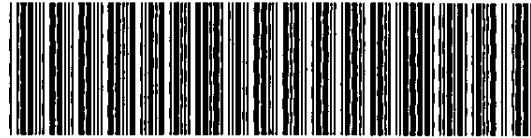
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Document received on the
24th of October 2016

Office Use Only



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10/04/16--01011--005 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 24 PM 7:03

M. MOON
OCT 24 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

MAX DUTHIE
1876 SW TRAILSIDE PATH
STUART, FL 34997

SUBJECT: GARDEN OF NEW BEGINNINGS
Ref. Number: W16000068532

We have received your document for GARDEN OF NEW BEGINNINGS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00021509

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TALLAHASSEE, FLORIDA
16 OCT 24 PM 7:03

COVER LETTER

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

#W16000068532

SUBJECT: Garden of New Beginnings 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: Max Duthie
Name (Printed or typed)
1876 SW Trailside Path
Address
Stuart, FL 34997
City, State & Zip
(772)233-7303
Daytime Telephone number
mduthie@gardenofnewbeginnings.com
E-mail address: (to be used for future annual report notification)

16 OCT 24 PM 7:03

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TALLAHASSEE, FLORIDA

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: Garden of New Beginnings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1876 SW Trailside Path

Stuart FL. 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Drug Rehab Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Max Duthie

Name and Title: _____

Address 1876 SW Trailside Path

Address: _____

Stuart Fl. 34997

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE
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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: Max Duthie
Address: 1876 SW Trailside Path
Stuart Fl. 34997

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Max Duthie
Address: 1876 SW Trailside Path
Stuart, FL. 34997

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-19-16 (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

10-19-16

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

10-19-16

Date