

P19000046674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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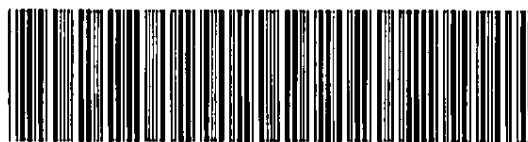
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 APR 29 PM 5:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** New Heights Marketing, 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:** Dawn Seymour Wisdom

Name (Printed or typed)

6412 North University Dr Suite 102

Address

Tamara, Florida 33321

City, State & Zip

954 260 9819

Daytime Telephone number

dawnmarieandthewiz@gmail.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:

Reaching →  
New Heights Marketing Inc

(Reaching New Heights Marketing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6412 North University Dr Suite 102

Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing and promotion and any other legal business

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audley Wisdom, President

Name and Title: \_\_\_\_\_

Address 6412 North University Dr Suite 1032

Address: \_\_\_\_\_

Tamara, FL 33321

Name and Title: Vice President Dawn Seymour Wisdom

Name and Title: \_\_\_\_\_

Address 6412 North University Dr Suite 1023

Address: \_\_\_\_\_

Tamara, FL 33321

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: Dawn Seymour Wisdom

Address: 6412 North University Dr Suite 102

Tamara, FL 33321

**ARTICLE VII INCORPORATOR**

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

Name: Audley Wisdom, President

Address: 6412 North University Dr Suite 102

Tamara, FL 33321

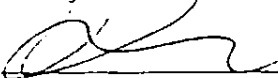
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

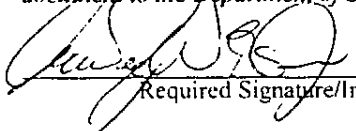
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 Dawn Seymour Wisdom  
Required Signature/Registered Agent

4/25/19  
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.*

 Audley Wisdom  
Required Signature/Incorporator

4/25/19  
Date