

# P190000084620

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000334109 3)))



H190003341093ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 NOV 13 PM 4:21

FILED

## FLORIDA PROFIT/NON PROFIT CORPORATION NEW LIFE HORIZONS INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:NEW LIFE HORIZONS INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

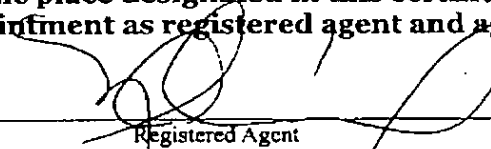
15021 SW 306 street  
Homestead FL 33033**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**NEYTIS CARIDAD SANCHEZ (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

NEYTIS CARIDAD SANCHEZ  
15021 SW 306 STREET  
HOMESTEAD, FL 33033**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NEYTIS CARIDAD SANCHEZ  
15021 SW 306 STREET  
HOMESTEAD, FL 33033

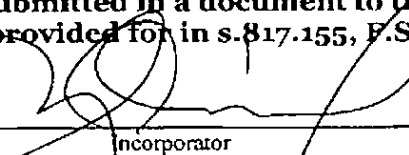
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

11/13/2019  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

11/13/2019  
\_\_\_\_\_  
Date