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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 Moving		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PPY REQUIRED
FROM: Ma	atthw Wood Name	e (Printed or typed)	
30	20 Old Fulton PL		
		Address	
Bra	andon. FL 33510 City.	State & Zip	
30	2-519-4178		
	Daytime T	elephone number	
nev	vlifehauling@gmail.com	·	
	E-mail address: (to be use	d for future annual report r	otification)

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

Name and	Title:	Name and Title:	-		
Address		Address:			
			·		
	· · · · · · · · · · · · · · · · · · ·			-	
	EGISTERED AGENT				
The name and Flo	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:			
Name:	Matthew Wood				
Address:	3020 Old Fulton PL				
	Brandon, FL 33510		∑	202	
ARTICLE VII II	NCORPORATOR		ALLAHASSEH NERA	2020 HAY 20	** 1 · · · · · · · · · · · · · · · · · ·
The name and add	ress of the Incorporator is:		<u></u> -	Ü١	1 • (**)
Name:	Roger Wood		· · · · · · · · · · · · · · · · · · ·	PK	4
Address:	1 North Maple AVE			PK 3:47	·
	Milfor, DE 19963			~	
Effective date, if ot	her than the date of filing: 5/20/2020 te is listed, the date must be specific and ca	(OPTIONAL) nnot be more than five days pri	or or 90 day	ys after	· the
Note: If the date in the document's effe	serted in this block does not meet the applica ective date on the Department of State's recor	able statutory filing requirements, ds.	this date wil	li not be	e listed as
Having heen named certificate, Lam fan	d as registered agent to accept service of proce niliar with and accept the appointment as regi	ss for the above stated corporation stered agent and agree to act in th	at the place is capacity	designi	ated in this
			5/2	0/2	2, 2,2
	Required Signature/Registered Agent			Date	<u>oau</u>
I submit this docum document to the De	nent and affirm that the facts stated herein of partment of State constitutes a third degree fe	are true. I am aware that the fals lony as provided for in s.817.155,	se informatio F.S.	on subn	nitted in a
155	hove	_ _	5/	20/	50
Required Signature	Incorporator	Date	•		

COVER LETTER

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

SUBJECT:	New Life Moving In		
30b3EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
FROM: <u>^</u>	Matthw Wood Name	(Printed or typed)	
<u>3</u>	020 Old Fulton PL	A 1.1	
o	Brandon. FL 33510	Address	
		State & Zip	
3	02-519-4178		
	Daytime T	elephone number	
ne	ewlifehauling@gmail.com		
	E-mail address: (to be used	d for future annual report i	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)

<u> ICLE II PR</u>	INCIPAL OFFICE Principal street address		Mailing addrage if different is:
th Maple AVE.	r tincipal <u>street</u> address		Mailing address, if different is:
rd. DE 19963			
ICLE III PU	RPOSF		
purpose for whi	ch the corporation is organized is: Mov	ving and Storage of	f household items.
			
		· - -	
		-	
TICLE IV CII	ADEC		
<u>TICLE IV SH</u>	4 <u>865</u>		
number of shares	of stock is: 0		
number of shares	s of stock is: U		
number of shares	s of stock is: U TIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>	
number of shares	s of stock is: U	RS Name and Title:	Matthew Wood COO
number of shares	s of stock is: U TIAL OFFICERS AND/OR DIRECTOR	_ _	Matthew Wood COO 3020 Old Fulton PL
number of shares FICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE.	Name and Title:	3020 Old Fulton PL
number of shares FICLE V INI Name and T	of stock is: U TIAL OFFICERS AND/OR DIRECTOR itle: Roger Wood CEO	Name and Title:	
number of shares FICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE.	Name and Title:	3020 Old Fulton PL
number of shares FICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address:	3020 Old Fulton PL Brando, FL 33510
number of shares FICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE.	Name and Title: Address:	3020 Old Fulton PL Brando, FL 33510
number of shares FICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address: Name and Title:	3020 Old Fulton PL Brando, FL 33510
Name and Ti	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address: Name and Title: Address: Address:	3020 Old Fulton PL Brando, FL 33510
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Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address: Name and Title: Address: Address:	3020 Old Fulton PL Brando, FL 33510
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address: Name and Title: Address: Address:	3020 Old Fulton PL Brando, FL 33510
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Title: Roger Wood CEO 1 North Maple AVE. Milford, DE 19963	Name and Title: Address: Name and Title: Address: Name and Title: Address:	3020 Old Fulton PL Brando, FL 33510

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Matthew Wood	_
Address:	3020 Old Fulton PL	<u> </u>
	Brandon, FL 33510	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Roger Wood	
Address:	1 North Maple AVE	
	Milfor, DE 19963	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date,	if other than the date of filing: 5/20/2020	(OPTIONAL) nnot be more than five days prior or 90 days afte
filing.)	uate is living, the date must be specific und	
Note: If the da	te inserted in this block does not meet the applica	ble statutory filing requirements, this date will not b
the document's	effective date on the Department of State's recor	ds.
Havino heen na	amed as repistered agent to accept service of proce.	ss for the above stated corporation at the place design
certificate, I am	familiar with and accept the appointment as regi	stered agent and agree to act in this capacity
		5/20/.
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein	are true. I am aware that the false information sub
I submit this d		
I submit this didocument to the	e Department of State constitutes a third degree fe	lony as provided for in s.817.133, F.S.