

P 20000047118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

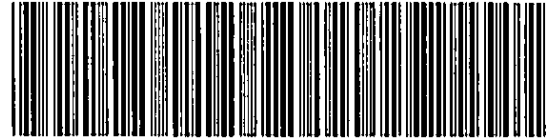
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

29 2020

T. SCOTT



700346373257

06/17/20--01014-0003 **78.75

FILED

2020 JUN 17 PM 2:54

CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: NEW VISION MARKETING GROUP 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LESLY P. LHERISSON
Name (Printed or typed)

224 Datura Street #1413
Address

West Palm Beach FL 33401
City, State & Zip

561-410-4259
Daytime Telephone number

LesRushhour@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: NEW VISION MARKETING GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

224 Datura Street #1413
West Palm Beach FL 33401

Mailing address, if different is:

3790 161st Terrace West
Loxahatchee FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP small to medium size
businesses create & design their marketing strategy
through Print media, website design, Radio &
Television Advertising IN TURN become more
PROFITABLE IN their Business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIERRE Lesly Therisson CEO Name and Title: _____

Address 3790 161st Terrace N. Address: _____
LOXAHATCHEE FL 33470

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2020 JUN 17 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Lesly P. Lherisson
Address: 3790 161st Terrace North
LOXAHATCHEE FL. 33470

ARTICLE VII INCORPORATOR

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

Name: Lesly P. Lherisson
Address: 3790 161st Terrace N.
LOXAHATCHEE FL. 33470

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

Lesly P. Lherisson 6/15/20
Required Signature/Registered Agent 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.

Lesly P. Lherisson 6/15/20
Required Signature/Incorporator Date