

P20 0000 68178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

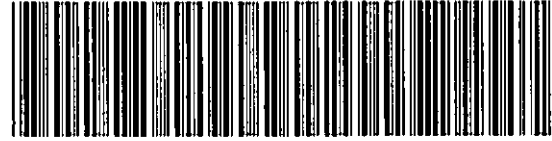
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/2010 10:18 AM 78.75

2020 AUG 10 PM 4:18
STATE
TOL. HOSSEE, FL

COVER LETTER

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

SUBJECT: New Heights Life Consulting, 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: Clifford Brown
Name (Printed or typed)
9421 SW 6th Street
Address
Pembroke Pines, FL 33025
City, State & Zip
786-317-6527
Daytime Telephone number
cliffb5848@gmail.com
E-mail address: (to be used for future annual report notification)

2020 AUG 10 PM 4: 18
TALLAHASSEE, FL
STATE

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 Heights Life Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9421 SW 6th Street

Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company is organized to provide consulting and coaching services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford Brown - President

Name and Title: _____

Address 9421 SW 6th Street

Address: _____

Pembroke Pines, FL 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 AUG 10 PM 4:18
CLIFFORD BROWN
STATE OF 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: Clifford Brown

Address: 9421 SW 6th Street

Pembroke Pines, FL 33025

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STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Clifford Brown

Address: 9421 SW 6th Street

Pembroke Pines, FL 33025

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

Clifford Brown

Required Signature/Registered Agent

8/7/2020

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.

Clifford Brown

Required Signature/Incorporator

8/7/2020

Date