Electronic Filing Cover Sheet

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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:	:		

## FLORIDA PROFIT/NON PROFIT CORPORATION **NEW BORN SOLUTION. CORP**

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1 NAME:** The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
3216 S	SW 143 CT MIAMI FL 33175
<u>ARTIC</u>	CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
YANK <u>IE</u> L	(-)
	143 CT MIAMI EL 33176
<u> </u>	TTO OT WITH LOST TO
ARTI	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
	nc and Florida street address (PO Box not acceptable) of the registered agent
ANKI <u>EL \</u>	
	43 CT MIAMI FL 33175
	CLE VI INCORPORATOR: The name and address of the Incorporator i
ARTIC	The name and address of the Incorporator i
	ALDES

## 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 12-5-22

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.

EFFECTIVE: 1-1-23

12-5-22 Date