

N1200000432

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN -6 AM 11:51

PS 1/13/12

COVER LETTER

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

SUBJECT: FRESH START COMMUNITY INITIATIVE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

CECIL JONES

Name (Printed or typed)

7512 Dr. Phillips BLVD, SUITE 50-522

Address

ORLANDO, FL 32819

City, State & Zip

203-286-1285

Daytime Telephone number

N/A
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: FRESH START COMMUNITY INITIATIVE, INC.

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
7512 DR. PHILLIPS BLVD
SUITE 50522
ORLANDO, FL 32819

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Mailing address, if different is:

← SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO REVITALIZE NEIGHBORHOODS AND PROVIDE AFFORDABLE HOUSING TO LOW INCOME FAMILIES BY FIXING + REHABILITATING BLIGHTED HOUSES + BUILDING.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTE / INTERVIEW BY DIRECTOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CECIL JONES, PRESIDENT
Address: 7512 DR. PHILLIPS BLVD
SUITE 50-522
ORLANDO, FL 32819

Name and Title: _____
Address: _____

Name and Title: STEPHANIE THOMAS, V.P. PRESIDENT
Address: 7512 DR. PHILLIPS BLVD
SUITE 50-522
ORLANDO, FLORIDA 32819

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CECIL JONES
Address: 7512 DR. PHILLIPS BLVD
SUITE 50-522
ORLANDO, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CECIL JONES
Address: 7512 DR. PHILLIPS BLVD
SUITE 50522
ORLANDO, FL 32819

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

Cecil Jones
Required Signature of Registered Agent

12/31/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Cecil Jones
Required Signature of Incorporator

12/31/11
Date