

119000002644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

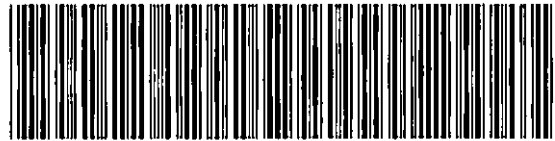
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2019

OPERATION RESTART, INC.
4102 ILIAD CT., APT. #108
TAMPA, FL 33613

SUBJECT: OPERATION RESTART, INC.
Ref. Number: W19000006635

We have received your document for OPERATION RESTART, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Name release letter must be sign dated notarized and state owner of llc and director of not profit same and Mr. Joshua Biggers agree to release mame for not for profit to use.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 419A00001441

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: OPERATION RESTART NOW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4102 ILIAD COURT
#108
TAMPA, FL 33612

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE TRANSITIONAL AND AFFORDABLE HOUSING TO
THOSE IN NEED.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: per the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSHUA BIGGERS, DIRECTOR

Address: 4102 ILIAD COURT
#108
TAMPA, FL 33612

Name and Title: JONATHAN LAMSON, DIRECTOR

Address: 15409 PLANTATION OAKS DRIVE
TAMPA, FL 33647

Name and Title: LEON SIMPSON, DIRECTOR

Address: 6458 S GOLDENROD ROAD
APT B
ORLANDO, FL 32822

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
TAMPA, FL
2018 FEB -5 PM 12:16

2018 FEB -5 PM 12:16

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: JOSHUA BIGGERS, DIRECTOR

Address: 4102 ILLAD COURT #108

TAMPA, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSHUA BIGGERS, DIRECTOR

Address: 4102 ILLAD COURT #108

TAMPA, FL 33613

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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

01/28/2019

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.

Required Signature of Incorporator

01/28/2019

Date