

NZ400000 2013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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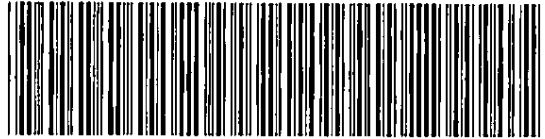
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FL

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/15/2024

Acc#I20160000072

en: c 15/24

Name:	Fiscal Sanity Florida Inc.
Document #:	
Order #:	15351618

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: Fiscal Sanity Florida 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: Daniel Cassanos

Name (Printed or typed)

615 Channelside Drive

Address

Tampa, FL 33602

City, State & Zip

813-812-2081

Daytime Telephone number

momentum2014ct@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: Fiscal Sanity Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
615 Channelside Drive

Tampa, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Fiscal Sanity Florida is dedicated to championing fiscal responsibility and advocating a reduction in federal spending to stabilize the national budget. The organization champions policies that bolster business growth and economic expansion, ensuring a prosperous future for Florida's economy. Its mission is anchored in promoting sound financial stewardship at the federal level to safeguard the economic health and sustainability of our state and nation.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Cassanos, Board member

Address: 615 Channelside Drive
Tampa, FL 33602

Name and Title: Taylor Strand, Board member

Address: 615 Channelside Drive
Tampa, FL 33602

Name and Title: Irania Graterol, Board member

Address: 615 Channelside Drive
Tampa, FL 33602

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB 15 PM 3:59

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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: C T Corporation System

Address: 1200 South Pine Island Road Plantation,

Florida 33324

ARTICLE VII INCORPORATOR

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

Name: Elliot Berke

Address: Berke Farah L.L.P. 701 8th St. NW, Ste 620

Washington, DC 20001

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2024 (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

By: C T Corporation System *Elliot Berke* Assistant Secretary

Required Signature of Registered Agent

2/1/2024

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.

Elliot Berke

Required Signature of Incorporator

2/1/2024

Date

FILED
2024 FEB 05 PM 11:59
SECRETARY OF STATE
TALLAHASSEE FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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By: CT Corporation System Assistant Secretary

Required Signature of Registered Agent

2/1/2024

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.

Elliot Berke

Required Signature of Incorporator

2/1/2024

Date

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TALLAHASSEE, FL

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