

P06000093071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

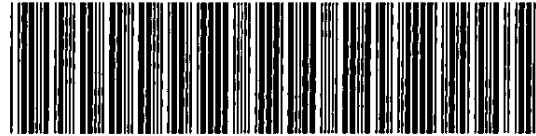
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Da

## COVER LETTER

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

SUBJECT: (NEW HOPES) 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: (NEW HOPES) INC  
Name (Printed or typed)

7040 SW 24 St Apt. 310  
Address

Miami, FL 33155  
City, State & Zip

305 267 5338  
Daytime Telephone number

**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 HOPES) INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

7040 SW 24 St Apt. 310  
Miami, FL 33155

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Equipment rental and service

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Abel Acosta  
7040 SW 24 St Apt. 310  
Miami, FL 33155

## **ARTICLE VI REGISTERED AGENT**

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

Abel Acosta  
7040 SW 24 St Apt. 310  
Miami, FL 33155


## **ARTICLE VII INCORPORATOR**

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

Abel Acosta  
7040 SW 24 St Apt. 310  
Miami, FL 33155

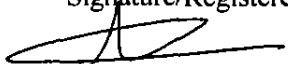
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

07/10/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

07/10/06

\_\_\_\_\_  
Date

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