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# **COVER LETTER**

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

<b>SUBJECT:</b> New Start Enterprises		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:
□ \$70.00	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Frank S Tripicchio		
Name (	Printed or typed)	
20 Tern Cove	ddress	
Safety Harbor, FL 3469		
727-415-2995		
Daytime Te	lephone number	

NOTE: Please provide the original and one copy of the articles.



June 27, 2006

FRANK S TRIPICCHIO 20 TERN COVE SAFETY HARBOR, FL 34695

SUBJECT: NEW START ENTERPRISES

Ref. Number: W06000029055

We have received your document for NEW START ENTERPRISES 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 a voluntarily dissolved nonprofit corporation. The name of a voluntarily dissolved nonprofit Florida corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the 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) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 506A00042481

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

# ARTICLE I NAME

The name of the corporation shall be:

New Start Enterprises of TAMPA INC.

06 JUL 31 PM 4:39

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20 Tern Cove Safety Harbor, FL 34695

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Frank S Tripicchio, CEO

### ARTICLE VI REGISTERED AGENT

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

Frank S Tripicchio 20 Tern Cove Safety Harbor, FL 34695

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Frank S Tripicchio 20 Tem Cove Safety Harbor, FL 34695

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 agreet the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

27 May 2006

Date

27 May 2006

Date