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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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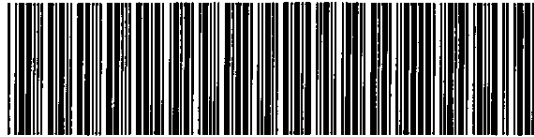
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB 19 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: A Second Chance Investment, 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: Lisa Giaramita

Name (Printed or typed)

5806 Madison Street

Address

Hollywood, Florida 33023

City, State & Zip

954-981-4276

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:

A Second Chance Investment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5806 Madison Street, Hollywood, Florida 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business/Investment

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):

Lisa Giaramita, President
5806 Madison Street
Hollywood, Florida 33023

ARTICLE VI REGISTERED AGENT

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

Joseph Giaramita Esq.
7450 Griffin Road
Suite 270
Davie, Florida 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Giaramita
5806 Madison Street
Hollywood, Florida 33023

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



Signature/Incorporator

2-12-07

Date

2/12/07

Date

FILED

07 FEB 19 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA