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| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: Unable to Reach by Phone. Original doc. Sent- in for purpose was just Fundraising. File as Profile BM 510108 |

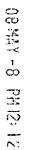
Office Use Only



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SECRETATION STATE



W08-12766

B. Moltnight MAY 12 2008

COVER LETTER

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

| | 3.C. Jan | | |
|----------------------|------------------------------------|----------------------------|------------------|
| SUBJECT: E.D.G.F | (PROPOSED CORPORA | TE NAME – <u>MUST INCI</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: |
| ☑ \$70.00 | \$78.75 | □ \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| 6 | & Certificate of Status | & Certified Copy | Certified Copy |
| | | co common copy | & Certificate of |
| | | • | Status |
| | | ADDITIONAL CO | |
| | | | T I REQUIRED |
| | | | , |
| | | | |
| | | | |
| FROM: Ro | bert Hammer | | |
| | Name (| Printed or typed) | |
| | | | |
| | 20919 SW Robin Drive | | |
| | 4 | Address | |
| | | | |
| | Dunnellon, FL 34431 | | |
| | | State & Zip | |
| | • | | |
| | 480-280-0948 | | |
| | | elephone number | |

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



March 11, 2008

ROBERT HAMMER 20919 SW ROBIN DRIVE DUNNELLON, FL 34431

SUBJECT: THE NEW BEGINNINGS, INC.

Ref. Number: W08000012766

We have received your document for THE NEW BEGINNINGS, INC. and your check(s) totaling \$70.00. 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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6931.

Letter Number: 008A00014853

Becky McKnight
Regulatory Specialist II
New Filing Section

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:

E.D.G.R.S, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is: 20919 SW Robin Drive

Dunnellon, FL 34431

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Fundraising for Non-Profit Organizations

ARTICLE IV SHARES

The number of shares of stock is: 1000

INITIAL OFFICERS AND/OR DIRECTORS

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

20919 SW Robin Drive Dunnellon, FL 3441

ARTICLE VI REGISTERED AGENT

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

Robert Hammer 20919 SW Robin Drive Dunnellon, FL 3441

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Robert Hammer 20919 SW Robin Drive Dunnellon, FL 3441

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/Incorporator