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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:				
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2011 JAN 21 PH 4: 3

OF CORPORATE

or ilasli

COVER LETTER

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

SUBJECT: Fresh Start Marketing (Group, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:	•	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	OPY REQUIRED]	
FROM: Donna Daniels	(Printed or typed)		2011	SIAIG
5117 Lurgan Road			2011 JAN 21	로 되고 기
Address				13.00 10.00 10.00
Land O Lakes, FL 34638 City, State & Zip			PH 4: 30	# 5121L
813-453-9482 Daytime T	elephone number		Ö	- :
djdaniels18@msn.com E-mail address: (to be use	d for future annual report	notification)		

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

(B) (A) (A) (A) (A) (A)

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

ARTICLE I The name of the corp		Group, Inc.	SECRETARY OF STATE DIVISION OF CORECRATES
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	ľ	Mailing Addutes Milita Merer pist 4:30
<u>51</u>	17 Lurgan Road		- गा पः वर्
	nd O Lakes, FL 34638		
<u> </u>			
ARTICLE III P			
	ch the corporation is organized is:		I I I I I I I I I I I I I I I I I I I
	ting consulting services and other se	rvices as aut	norized by the Board of Directors
and/or corpora	ite officers		
ARTICLE IV S			
The number of share	s of stock is: 1,000,000		
		_	
	NITIAL OFFICERS AND/OR DIRECTORS		
	e:Donna Daniels, President	Name and Title:	
Address:	5117 Lurgan Road		
	Land O Lakes, FL 34638	•	
Name and Titl	e:	Name and Title	
Address:	C	Address	
Address:		Address.	<u> </u>
		-	
	· · · · · · · · · · · · · · · · · · ·	-	
Name and Titl	e;	Name and Title	:
Address:			
		-	
		-	
	REGISTERED AGENT		
The name and Flori	da street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	Dennis Daniels	•	
Address:	1537 Dale Mabry Hwy. Suite 101	-	
	Lutz, FL 33548		
ADDICE DELLE		ŕ	
	INCORPORATOR		
	ress of the Incorporator is:		
Name: Address:	Donna Daniels	•	
Address:	5117 Lurgan Road Land O Lakes, FL 34638	-	
	Land O Lakes, FL 34036	-	
Having been named	l as registered agent to accept service of process	for the above sta	ated corporation at the place designated in
	familiar with and accept the appointment as regi		
	· · · · · · · · · · · · · · · · · · ·	3	, ,
(-)	1/21		January 18, 2011
	Required Signature/Registered Agent		Date
	reduited piguring yegisteren yegit		Date
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
	partment of State constitutes a third degree felony		
0	(, ,		,
X none	X 0 14 49 // 0		January 18, 2011
- WYHY	Required Signature/Incorporator		Date
			