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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 24 PM 2:06

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Set Afresh 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: \_\_\_\_\_

Michelle McCoy

Name (Printed or typed)

6919 W Broward Blvd. #148

Address

Plantation, FL 33317

City, State & Zip

954-205-7228

Daytime Telephone number

setafresh16@gmail.com

E-mail address: (to be used for future annual report notification)

**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: Set Afresh Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6919 W. Broward Blvd. #148

Plantation, FL 33317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful activity for which corporations may be incorporated in this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michelle McCoy President Name and Title: \_\_\_\_\_

Address: 6919 W Broward Blvd #148 Address: \_\_\_\_\_

Plantation, FL 33317

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
16 FEB 24 PM 2:07

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Michelle McCoy  
Address: 6919 W Broward Blvd #148  
Plantation, FL 33317

**ARTICLE VII INCORPORATOR**

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

Name: Michelle McCoy  
Address: 6919 W. Broward Blvd #148  
Plantation, FL 33317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 13, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Michelle McCoy  
Required Signature/Registered Agent

2/13/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Michelle McCoy  
Required Signature/Incorporator

2/13/16  
Date