

P19 000 040 376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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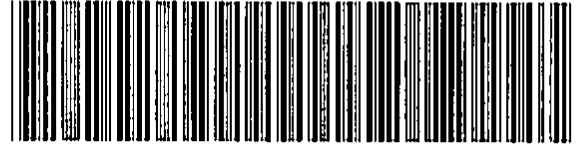
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 15 2019

COVER LETTER

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

SUBJECT: Fresh Start Leasing Corp

(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: Matthew Cortes

Name (Printed or typed)

19046 Bruce B Downs blvd suite 1209

Address

Tampa Fl. 33647

City, State & Zip

727 230 9898

Daytime Telephone number

Freshstartleasing19@mail.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: Fresh Start Leasing Corp

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
19046 Bruce B Downs Blvd Suite 1209

Tampa Fl. 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President - Matthew Cortes

Address: 5796 Ulmerton rd suite 507
Clearwater Fl 33760

Name and Title: Vice President - Nilda Vaquez

Address: 12514 Brucie place Tampa Fl. 33625

Name and Title: Secretary - Matthew Cortes

Address: 5796 Ulmerton rd suite 507
Clearwater Fl 33760

Name and Title: Treasurer - Nilda Vazquez

Address: 12514 Brucie place Tampa Fl 33625

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Registered agents inc

Address: 7901 4th street North suite 300

Saint Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: Matthew Cortes

Address: 5796 Ulmerton rd suite 507

Clearwater FL 33760

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/22/2019. (OPTIONAL)

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

M. Cortes - Matthew Cortes on behalf Bill Haire
Required Signature/Registered Agent

4/23/2019
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.

M. Cortes - MATTHEW CORTES
Required Signature/Incorporator

4/22/2019
Date

FILED
19 MAY -1 PM 2:51
TALLAHASSEE, FL

