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DIVISION OF CONTRACTORS

TALLAHASSEF FORALIONS

COVER LETTER

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

SUBJECT. FAMILIA MARRERO 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 □ \$78.75 Filing Fee Filing Fee

& Certificate of Status

☐ \$78.75 Filing Fee ■ \$87.50 Filing Fee.

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: NANCY MORALES

Name (Printed or typed)

2911 CANOE CIRCLE

Address

ST. CLOUD FL 34772

City, State & Zip

407-301-6975

Daytime Telephone number

NANISA1231@YAHOO.COM

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

2022 JFH -- 9 PM 10: 2

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

ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
2911 CANOE CIRCLE		2911 CANOE CIRCLE	
ST. CLOUD FL 34772		ST. CLOUD FL 34772	
ABTICLE UL DUDD	ocr.		
The purpose for which	OSE the corporation is organized is: ANY	AND ALL LAWFU	IL BUSINESS
			
 			
-			2022
RTICLE IV SHAR	<u>'ES</u> 100		9
The number of shares of	stock is: 100		P D
			ED PH 10: 26
	AL OFFICERS AND/OR DIRECTORS		A.: 2
Name and Titl		Name and Title:	
Address	2911 CANOE CIRCLE	Address:	
	ST. CLOUD FL 34772		
Name and Title	: <u> </u>	Name and Title:	
Address		Address:	
		_	
Name and Title	: <u> </u>	Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:	_
Addres		Address:	_
			_
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable) of LESBIA SEGURA	the registered agent is:	
Address:	3203 S ORANGE BLOSSOM TRAIL #206	•	
	KISSIMMEE,FL 34746		
ARTICLE VII	INÇORPORATOR	2022 JUV -9 PM 10: 26	
The name and a	address of the Incorporator is:	14	
Name:	LESBIA SEGURA	: · · · · · · · · · · · · · · · · · · ·	
Address:	3203 S ORANGE BLOSSOM TRAIL #206		
	KISSIMMEE, FL 34746	26	
Effective date, i (If an effective filing.) Note: If the dat		2 (OPTIONAL) It be more than five days prior or 90 days after the statutory filing requirements, this date will not be listed	as
	med as registered agent to accept service of process for familian with and accept the appointment as register	or the above stated corporation at the place designated in sed agent and agree to act in this capacity	this
	Hom Jan	06/09/2022	
	Required Signature/Registered Agent	Date	
	ocument and affirm that the facts stated herein are Department of State constitutes a third,degree felony	true. I am aware that the false information submitted y as provided for in s.817.155, F.S.	in a
	Henri Lem	06/09/2022	
Required Signat	ture/Ineorporator	Date	_