F2200006774

(Re	questor's Name)	
(Ād	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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2022 OC1 31 PH 4: 20

S. FRANKLIN NOV - 3 2022

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	HIS ACCOUNT: 120210000160 AMOUNT: \$78.75
AUTHORIZATION SIGNATUR The Safe Steps, Inc. BUSINESS (Name)	• • • • • • • • • • • • • • • • • • •
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Organiza	ation (please stamp each page)
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other X_CORP	AmendmentResignation of R.A. Officer/IChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
	Foreign filing
Annual Report	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Annual ReportFictitious NameAPOSTIL()	Limited Partnership Reinstatement Statement of Authority Other



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: THE SAFE STEPS, INC.

Ref. Number: W22000137626

We have received your document for THE SAFE STEPS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The conflict is L22000396573.,

Please return 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 222A00024500

COCKET -2 PH 6: 93

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: The Safe Ste	eps, Inc		
30131EC1.	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"		Authorization to Transact Busines ding" and check are submitted to is in Florida.	
Please return all correspon	ndence concerning this matter	to the following:	
Richard Markow, Esq.			
	Name of F	Person	
Markow Law, PLLC			
	Firm/Comp	pany	
240 NW 76th Dr., STE D			
	Addre	SS	
Gainesville, FL 32607			<u> </u>
	City/State an	nd Zip code	
attorneyrichardmarkow@gn	nail.com		1
	E-mail address: (to be used for	or future annual report notification	on) ~
For further information co	oncerning this matter, please ca	all:	P; 4: 13
Richard Markow	at (³⁵²	519-5887	13
Name of Person	Area Code	Daytime Telephone Nur	nber
STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
	to: FLORIDA DEPARTMENT	\$78.75 Filing Fee & □ \$8' Certified Copy Ce	7.50 Filing Fee, rtificate of Status & rtified Copy

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Chater bante of G	. L. L. MANGODDODAG	arra a	"COMPANY" "CORPORATION"	
	orporation: must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	TED,	"COMPANY, "CORPORATION,"	
The Safe Step	s Skills Education, Corp.			
If name unavaila	able in Florida, enter alternate corporate n	name a	lopted for the purpose of transacting bu	isiness in Florida)
Delaware		3. 8	36-2061980	
(State or countr	y under the law of which it is incorporated		(FEI number, if application	able)
02/15/2021		5. I	Perpetual	
(Date	of incorporation)		(Date of duration, if other than	perpetual)
The corporation	has not transacted business in Horida as o	of the	late of filing persuant to §607.1501, F.S	S.
			Florida, if prior to registration) 2, F.S., to determine penalty liability)	
:40 NW 76th I	Drive, STE D, Gainesville, FL 326	607		
			street address)	
	(Current n	nailing	address, if different)	
			0 1/0///	
Name and <u>stree</u>	t address of Florida registered agent:	(P.O.	Box NOI acceptable)	
	t address of Florida registered agent: Markow Law PLLC	(P.O.	Box NOI acceptable)	
Name:	Markow Law PLLC	(P.O.	Box NOT acceptable)	£.;
Name:		(P.O.	Box NOI acceptable)	2011
Name:	Markow Law PLLC	(P.O.		20021
Name:	Markow Law PLLC 240 NW 76th Dr., STE D	(P.O.	Box NOT acceptable) Florida $\frac{32607}{(Zip code)}$	2221 -2
Name: fice Address:	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville. (City) agent's acceptance:		Florida 32607(Zip code)	P
Name: fice Address: 9. Registered Having been	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville. (City) agent's acceptance: mamed as registered agent and to accept	t servic	Florida 32607 Zip code) e of process for the above stated corp	oration at the pla
Name: Tice Address: 9. Registered Having been in designated in	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville, (City) agent's acceptance: named as registered agent and to accept this application, I hereby accept the app	t servic	Florida $\frac{32607}{(Zip\ code)}$ e of process for the above stated corpent as registered agent and agree to a	oration at the pla act in this capacity
Name: fice Address: 9. Registered Having been in designated in further agree	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville. (City) agent's acceptance: mamed as registered agent and to accept	t servic pointm tutes re	. Florida 32607 (Zip code) e of process for the above stated corpent as registered agent and agree to a lative to the proper and complete perj	oration at the pla act in this capacity
Name: fice Address: 9. Registered Having been in designated in further agree	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville, (City) agent's acceptance: named as registered agent and to accept this application, I hereby accept the app to comply with the provisions of all state	t servic pointm tutes re	. Florida 32607 (Zip code) e of process for the above stated corpent as registered agent and agree to a lative to the proper and complete perj	oration at the pla act in this capacity
Name: fice Address: 9. Registered Having been in designated in further agree	Markow Law PLLC 240 NW 76th Dr., STE D Gainesville, (City) agent's acceptance: named as registered agent and to accept this application, I hereby accept the app to comply with the provisions of all state	t servic pointm tutes re my pos	Florida 32607 Florida (Zip code) e of process for the above stated corp ent as registered agent and agree to a lative to the proper and complete perj ition as registered agent.	oration at the pla act in this capacity

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Chairman	Name: David Smith	Chairman	Anjani Nandan Name:
□Vice Chairman	Address: 14514 Millards Road		Name: 184 Venado Way Address:
□Director	Poway, CA 92064	-	San Jose, CA 95123
□President			
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	
□Other	Other	Other	□Treasurer □Other
□Chairman □Vice Chairman	Name: 240 NW 76th Drive, STE D	□Chairman □Vice Chairman	Name:
	Gainesville, FL 32607	Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	
□Chairman	Name:	□Chairman n	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director _		□Director	
□President _		President	
JVice President _		☐ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
	E: Use an attachment to report more than six (6). The be added to the index when filing your Florida Depa Richard Ma	rkow	TOTM.
	Signature of Direc	or or officer	e facts stated herein are true and that he or



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE SAFE STEPS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SAFE STEPS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

1-2 PH 4:19



Authentication: 204496188

Date: 09-27-22