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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA NON-PROFIT CORPORATION

FIAN GROUP INC.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

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Public Access Help

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:*

**ARTICLE I NAME**

The name of the corporation shall be: FIAN GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

3230 SW 60 Ave, Miami Fl 33155.

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

IN ORDER TO INCREASE HOMEOWNERSHIP OPPORTUNITIES AND AFFORDABLE HOUSING.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

THE MANNER OF ELECTION WILL BE STATED IN THE BYLAWS OF THE CORPORATION

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Adrian Goett  
3230 SW 60 Ave,  
Miami Fl 33155.

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation are:

ADRIAN F. GOETT 3230 SW 60 Ave, Miami Fl 33155.  
MAYRA FURQUAN 3230 SW 60 Ave, Miami Fl 33155.

FIDEL CHUY 458 E. 20 St, Hialeah Fl 33010.  
CARMEN CHUY 458 E. 20 St, Hialeah Fl, 33010.

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature/Registered Agent  
Adrian Goett.

  
\_\_\_\_\_  
Date

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