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(Requestor's Name) (Address) (Address)	600412053156
(Cily/State/Zip/Phone #)	ENDEN ENDEN
(Business Entity Name)	07/14/2301001010 **87.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FLED 2023 JUL 13 PH 7:00 SECRETVRY OF STATE TALLAHASSEE, FL
Office Use Only	2023 JUL 13 PH 4: 30

COVER LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

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Me First Step & Flor, da (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX SUBJECT:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status

□\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

Rame (Printed or typed FROM: _ 60) Fulta lahas Loo + L Chy, State & Z Davime Telephone number stry. (a E-mail address: (Tobe used for future annual report notification) 13 PH 7:00

NOTE: Please provide the original and one copy of the articles.

ARTICLES	OF INCORPO Chapter 617, F.S.,		
ARTICLE I NAME The name of the corporation shall be: The Fil	-it Ster	s & Floriday	Jac
<u>ARTICLE II PRINCIPAL OFFICE</u>			
Principal <u>street</u> address: <u>CCUI FC HOX ROE</u>	-49	Mailing address, if difference of the second	ent is:
<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: <u>cuill help mempiane</u> <u>fran priscals with france</u> <u>hasing</u> .			
ARTICLE V MANNER OF ELECTION The manner Electod as a cost ing ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	to the	ors are elected and appointed: By - factors	
Name and Title: Ferrow Enos (P) Address <u>603</u> Fotter KC Elp Tallaharbo Elcricles 32313	Name and Title:	Chory F. T Gai Fe Her K Tallahorse, 1 32312	E = 49 E = 49 E = 1023
Name and Title:Address			JUL 13 PH 7:00
Name and Title:Address	 Name and Title:_ Address: _		INIE FL
	-		

Name and Title	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

<u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:	Ferra C. Jaes
Address:	607 Filta Rd E-49
	Tallahasle, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

ARTICLE VIII_EFFECTIVE DATE:

Effective date, if other than the date of filing: _______. (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.)

=1-72312-

<u>Note:</u> 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

Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator