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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Two Stepping Business Solutions, 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: Two Stepping Business Solutions, Corp

Name (Printed or typed)

1800 W 54th Street, Suite 409

Address

Hialeah, FL 33012

City, State & Zip

786-859-5518

Daytime Telephone number

Laryzue@aol.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:

Two Stepping Business Solutions, Corp

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1800 W 54th Street

Suite 409

Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultants, Billing & Collections, Organization

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Laritza Gonzalez 1800 W 54th	Suite 409	Hialeah, FL	President
Krystal Gonzalez Street		33012	Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Laritza Gonzalez

1800 W 54th Street

Suite 409

Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laritza Gonzalez
1800 W 54th St #409
Hialeah, FL 33012

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

Laritza Gonzalez
Signature/Registered Agent

Laritza Gonzalez
Signature/Incorporator

3/26/2010
Date

3/26/2010
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA