

P110000076508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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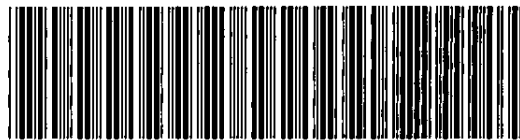
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/26/11--01022--027 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 26 PM 2:10

Rs 8/31/11

COVER LETTER

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

SUBJECT: STEP United, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Fabian A. Abedrabbo
Name (Printed or typed)

20505 E. Country Club Dr., Unit 737
Address

Aventura, FL 33180
City, State & Zip

561-699-7467
Daytime Telephone number

stepunited@gmail.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: **STEP United, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
20505 E. Country Club Dr., Unit#737
Aventura, FL 33180

Mailing address, if different is:
20505 E. Country Club Dr., Unit#737
Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as a business consultant firm.

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fabian A. Abedrabbo, C.E.O.
Address: 20505 E. Country Club Dr., Unit 737
Aventura, FL 33180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

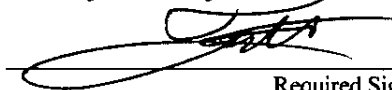
Name: Fabian A. Abedrabbo
Address: 20505 E. Country Club Dr., Unit 737
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fabian A. Abedrabbo
Address: 20505 E. Country Club Dr., Unit 737
Aventura, FL 33180

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/Registered Agent

8-18-11

Date

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

8-18-11

Date

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