## P1400011990

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)	<del>.</del>	
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	FAMILY INVEST	rment Tea	m corp		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	l a check for:		
		_			
<b>□</b> \$70.00	•	<b>□</b> \$78.75	<b>□</b> \$87.50		
Filing Fee	C	Filing Fee			
	& Certificate of Status	& Certified Copy			
			& Certificate of		
		ADDITIONAL CO	Status		
		ADDITIONAL CO	11 KEQUIKED		
	<b>A</b> 1	•			
ED O.M	Alexanier Name	MUNIM			
FROM:	Name	(Printed or typed)			
4901 Normers - 18 Terrice					
_	P	Address			
FORT LAUDENDALE FL 33308  City, State & Zip					
City, State & Zip					
954-612-2202					
_		elephone number			
		ı			
_	Alex MUNIM & E-mail address: (to be used	JAhoo, C	on		
	E-mail address: (to be use	d for future annual report i	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:_	FAM.1-	1 I.	nvestm	ent	Team	Co	s rf
ARTICLE II PRINCIPAL OF	et address			Mailing ad	dress, if different	is:	,
For Wilerdale	Tense	e			3V 65	<del></del>	
	3308				<u>二十二</u>	FB FB	!!
ARTICLE III PURPOSE  The purpose for which the corporation	is organized is:				がた。 ので で で で で で で 、 で 、 で 、 で 、 で 、 で 、 で	3 PM	, mg
ANY	AND.	ALL	LAWFU	L B	15 inespor	+: -5	Them with
	- <del></del>				ign.		
			· · · · · · · · · · · · · · · · · · ·				
The number of shares of stock is:  ARTICLE V INITIAL OFFICE  Name and Title: A/ex	ERS AND/OR D	IRECTOR	S President Name and Title	• e:			
Address 4901 N	18 Te	nsce	. Address:				·
fort (	18 18 Te LANderds 3308	1e,n	_				
Name and Title AMJA	) Munin	n,V	Name and Title  Name and Title	e:			
Name and Title AMJA!  Address 4901 No.  For Lande	= 18 Te	Mil	_Address:				
	33308	2	-				
Name and Title:			Name and Title	e:			
Address			_ Address:				
			_		····		

Name and Title:	Name and Title:	
Address	Address:	
		Year war
· · · · · · · · · · · · · · · · · · ·		
	<del></del>	<u> </u>
		10 to 1000
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta	thle) of the registered agent is:	四分 三 次二
Name: Alex MUNIM	C and the registered agent is.	: 15 TAIE ORIB
Address: 4901 NE 18 T Fort Underdale	ense	s.**
fort underdale	1 33308	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Hex MUNIM		
Address: 4/90/ NE 18 T	E11 1/2	
The state of the s	- CAG	
M CAVECCATE,	<u>n</u> 3530f	
Having been named as registered agent to accept service of p this certificate, Lam familiar with and accept the appointment		
( ) Com Mario		1/20/11
Required Signature/Registered Ager	-4	1/01/19
Required Signature/Registered Ager	11	Date
I submit this document and affirm that the facts stated herei document to the Department of State constitutes a third degree		
document to the Department of State Constitutes a tritra degree	e jeiony as providea jor in 5.017.155,	1.3.
Wex Man		1/29/14
Required Signature/Incorporator		' Date