

P16000068831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

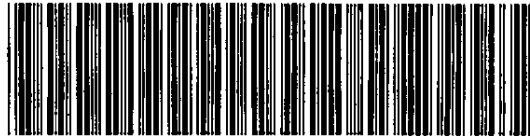
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Own2feet, 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert A. Feldman

Name (Printed or typed)

9824 Grand Verde Way, Unit 904

Address

Boca Raton, FL 33428

City, State & Zip

954-773-4850

Daytime Telephone number

own2feet@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: Own2feet, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

9824 Grand Verde Way

Unit 904

Boca Raton, Fl. 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Production and fulfillment of custom, semi-custom, and pre-fabricated

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A. Feldman, President

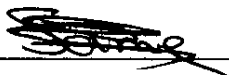
Name and Title: _____

Address 9824 Grand Verde Way

Address: _____

Unit 904

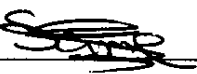
Boca Raton, Fl. 33428

Name and Title: 

Name and Title: _____

Address _____

Address: _____

Name and Title: 

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
16 AUG 15 PM 12:53

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert A. Feldman _____

Address: 9824 Grand Verde Way, Unit 904 _____

Boca Raton, Fl. 33428 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robert A. Feldman _____

Address: 9824 Grand Verde Way, Unit 904 _____

Boca Raton, Fl. 33428 _____

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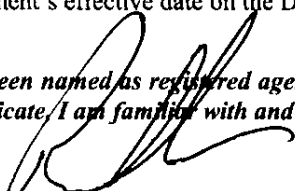
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

Note: 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

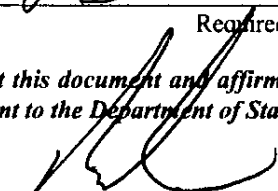


Required Signature/Registered Agent

8/4/61

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

8/4/61

Date