

2150000048686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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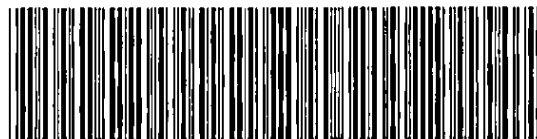
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 30 2018

18 MAY 30 PM 2:45

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MAY 30 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FAMILY AND FRIENDS COUSELING SERVICES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DELIS ROBLES
Name (Printed or typed)

585 SW 181 ST WAY
Address

PEMBROKE PINES , FL 33029
City, State & Zip

305-609-1403
Daytime Telephone number

PROFESSIONALS.CONTACT@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: FAMILY, AND FRIENDS ~~CONSULTING~~ SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

585 SW 181 ST WAY

PEMBROKE PINES , FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COUSELING

counseling

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DELIS ROBLES, PRESIDENT

Name and Title:

Address 585 SW 181 ST WAY

Address:

PEMBROKE PINES , FL 33029

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: DELIS ROBLES
Address: 585 SW 181 ST WAY
PEMBROKE PINES , FL 33029

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ALL AMASSEE COUNTY

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DELIS ROBLES
Address: 585 SW 181 ST WAY
PEMBROKE PINES, FL 33029

ARTICLE VIII EFFECTIVE DATE: 05/30/2018

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.)

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

05/30/2018

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

05/30/2018

Date