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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

COR	PORATION NAME(S) & DO	JCOMENT NOMBER	3(3).
1. FCT	Restoration	Services	Corp
(CORPORATE N		(DOCUMEN	,
2(CORPORATE N	NAME)	(DOCUME)	NT #)
3. (CORPORATE N	NAME)	(DOCUME)	NT #)
☐ Walk-In	Pick up time:	☐ Certified Copy ☐ Cer	rtificate Of Status
New Filings	Amendme	ents	Other Filings
Profit	Amendment	.s	Annual Report
Non-Profit	Resignation		Fictitious Name
Limited Liability	Dissolution/	Withdrawal	Apostille:
Other:	Other:		
			Other:

Examiners Initial	ls
	I

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PR.	Principal <u>street</u> address	Mailing	address, if different is:
0 BISCAYNE B	ELVD STE:200		
AMI, FL 33138			
purpose for whi	RPOSE ch the corporation is organized is:	AND ALL LAWFULL BUSIN	ESS
			20. FAL
	ARES s of stock is:	<u>sz</u>	9 JAN 13 CRETARY
number of shares TICLE V INI Name and T	ARES s of stock is: TLAL OFFICERS AND/OR DIRECTOR Title: 7300 BISCAYNE BLVD	ES URT - PD Vame and Title:	9 JAN 13 AH 10: 50 CHETARY OF STATE AHASSEE, FLORIDA
number of shares	ARES of stock is: TLAL OFFICERS AND/OR DIRECTOR Sitle: 7300 BISCAYNE BLVD STE: 200	ES URT - PD Vame and Title:	9 JAN 13 AH 10: 50 CHETARY OF STATE AHASSEE, FLORIDA
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number of shares TICLE V INI Name and T Address	ARES s of stock is: TLAL OFFICERS AND/OR DIRECTOR Title: 7300 BISCAYNE BLVD STE: 200	Name and Title: Address:	9 JAN 13 AH 10: 50 CHETARY OF STATE AHAS SEE, FLORID
number of shares TICLE V INI Name and T Address	ARES of stock is: TIAL OFFICERS AND/OR DIRECTOR Sitle: YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138	Name and Title: Name and Title: Name and Title: Name and Title:	9 JAN 13 AH 10: 50 CRETARY OF STATE AHASSEE, FLORIDA
Name and Ti	ARES of stock is: TLAL OFFICERS AND/OR DIRECTOR TITLE: YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138	Name and Title: Name and Title: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title	9 JAN 13 AH 10: 50 CHETARY OF STATE AHAS SEE, FLORIDA
Name and Ti Address Address	ARES S of stock is: TLAL OFFICERS AND/OR DIRECTOR TITLE: YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138 Ste: The stock is: TLAL OFFICERS AND/OR DIRECTOR THE STANDIAN STANDI	Name and Title: Name and Title: Name and Title: Address:	9 JAN 13 AM 10: 50 CHETARY OF STATE AHASSEE, FLORIDA

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
antizi r lu	DECUCTEDED ACENT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200		
	MIAMI, FL 33138		
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200		
	MIAMI, FL 33138		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date. (If an effective filing.)	date is listed, the date must be specific and car	. (OPTIONAL) nnot be more than five days prior or 90 days after th	he
	ate inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requirements, this date will not be li- ds.	isted as
	amed as registered agent to accept service of prod I am familiar with and accept the appointment as	cess for the above stated corporation at the place desig registered agent and agree to act in this capacity	nated in
	2435	02/08/2019	
	Required Signature/Registered Agent	Date	
	ocument and affirm that the facts stated herein of Department of State constitutes a third degree for	are true. I am aware that the false information submi	itted in a
	1/22	02/08/2019	
Req	uired Signature/Incorporator	Date	