## 0037003

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

**Company: Simple Steps** 

Requester: Ameerah Adejola

## **COVER LETTER**

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

M: Notione | Pouse
Name (Printed or typed)

15 NE 156th Street
Address

Orth Migmi, FL 33/62

City, State & Zip

Daytime Telephone number

Tosunca amual 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 corporati	ion shall be: Simple Steps House	ny of North	h Miami II, Inc
ARTICLE II PRINC 15 NG 156th North Miami,	Principal street address	1042 Vembr	Mailing address, if different is: Sw. 22MAve We Pines, Fl. 330-27
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: SOC	any and	all lawful
			DO MAY 21 AND
ARTICLE IV SHARE The number of shares of shares	ES stock is:		10 57
Name and Title	LOFFICERS AND/OR DIRECTORS Antione T. Rouse (P, VP, T, LUB GU Band Ave Rembroke Pines, FC. 330	_ Address:	: Antione Thuse (VP) 1092 Scu 22nd Are Pembroke Pines, FC 33027
	Antione T Rouse C 1092 SLU 22nd Ave Pembroke Pines, FC 330	_ Address:	Anthone T Rouse (S) 1092 S.W. 22nd Ave Pembroke lines, Fl 33027
Name and Title:			:
		-	

Name and Title:	Name and Title:
Address	Address:
<del></del>	1,777,74,7
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Name: AntioneT house	
Address: 1092 Sw 156th Ter	race
Pembrokse Pines, FL	33097
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	·
Name: Matione T Prous-e	<u></u>
Address: 1092 SW 156th 7	-
Pembroke Pines, FC	<u>33</u> 097
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL.) nnot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the application of the state	
the document's effective date on the Department of State's record	ras.
Having been named as registered agent to accept service of proce certificate, I am familiar with and accept the appointment as reg.	
Contieno of Romas	5/20/20
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
Contieno Il Rouse	$\frac{1}{2}$ $\frac{1}$
Required Signature/Incorporator	Date