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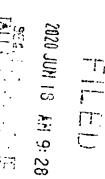
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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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 Housing of South Florida Inc.

Requester: Advance Insight Accounting

COVER LETTER

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

SUBJECT: Smple Steps + (PROPOSED CORPORAT	CUSING OF	South Flo		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:		
☐ \$70.00 ☐ \$78.75 Filing Fec Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fcc, Certified Copy & Certificate of Status		
FROM: Anthone T BOUSE Name (Printed or typed) 2276 NW G4th Street Address Migmi FL 33147 City, State & Zip OCH (CC 1000)				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAM. The name of the corpor	Eation shall be: Simple Steps	Housing	of South Florida, Inc
ARTICLE II PRIN	Principal street address Why Street 33147	•	Mailing address, if different is: 70 NW 64th Street 4M1 FL 33147
ARTICLE III PURI The purpose for which DUSINESS	the corporation is organized is:	any an	d all lawful
	RES f stock is: \\OOO		
ARTICLE V INITIA Name and Titl	al officers and/or directors a. Antione T Raxe	President	e: Antione Thouse - Vice fre
Address	1092 SW 156th Ter Pembroke Pines, FL 3	Address:	1042 Stu 156th Terr Pembrobe Pines, FL 33027
			of Antione Thouse - Treasurer
Address	Pembroke Pines FL 330		loga Slu 156th Terr Pembroke Pines FL 33027
Name and Title	(Name and Title	e:
Address		Address:	2020 JUN
			10 All 9: 28

Name and Title:	Name and Title:
Address	Address:
	_
ARTICLE VI REGISTERED AGENT	ea
The name and Florida street address (P.O. Box NOT acceptable) o	t the registered agent is:
Traine.	
Address: 2270 NW 64th Stra	21
Miami, FL 33147	_
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Antione T. House	_
Address: 2270 NW 64th St	reet
Miami, FC 33147	7 -
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (0) 1 11000	Q (OPTIONAL)
(If an effective date is listed, the date must be specific and cann filing.)	nt he more than live days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of process y	
certificate, I am familiar with and accept the appointment as registe	rea agent and agree to act in this capacity
Required Signature/Registered Agent	011100 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 felor	
Cintre T Kouse	<u> (011/120</u>
Required Signature/Incorporator	Date