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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 20 JUL -9 PM 3:43

To:

Division of Corporations  
 Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800) 221-2972  
 Fax Number : (917) 243-5843

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**The Footing Factory, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2020 JUL -9 PM 1:11

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JUL 09 2020

**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: The Footing Factory, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address140 Old Northport RoadKings Park, NY 11754

Mailing address, if different is:

140 Old Northport RoadKings Park, NY 11754**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Toby A Carlson/ Director

Name and Title: \_\_\_\_\_

Address: 140 Old Northport Road

Address: \_\_\_\_\_

Kings Park, NY 11754

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Address: 155 Office Plaza Drive, 1st Fl.  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Veronica Gonzalez  
Address: C/O Blumberg 16 Court Street  
Brooklyn NY 11241

**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*

Zeina Haysoun

07/09/20

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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.*

Veronica Gonzalez  
\_\_\_\_\_  
Required Signature/Incorporator

07/09/20

\_\_\_\_\_  
Date