

P22000005105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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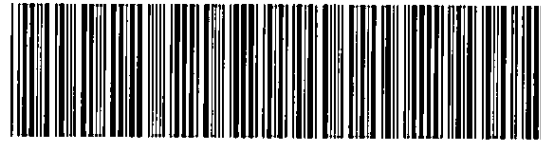
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FJ CRUISERS CORP

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

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174 Ponder's Printing • Thomasville, GA 31792

____ Art of Inc. File _____
____ LTD Partnership File _____
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COVER LETTER

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

FJ CRUISERS CORP

SUBJECT: _____
(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: STONE TOWER CAPITAL GROUP / SANTIAGO ARBELAEZ

Name (Printed or typed)

1395 BRICKELL AV. SUITE 800

Address

MIAMI, FL 33131

City, State & Zip

786 286 3178

Daytime Telephone number

SA@STONETOWER-GROUP.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: FJ CRUISERS CORP

2022 JAN 26 AM 11:17

ARTICLE II PRINCIPAL OFFICE

Principal street address

1200 BRICKELL BAY DR. SUITE 4020

MIAMI, FL 33131, USA

Mailing address, if different is:

1395 BRICKELL AV. SUITE 800

MIAMI, FL 33131

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS F CLAVIJO, PRESIDENT

Name and Title: _____

Address 1395 BRICKELL AV. SUITE 800

Address: _____

MIAMI, FL 33131-USA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: FLORIDA PMG CORP

Address: 1395 BRICKELL AV. SUITE 800

MIAMI, FL 33131

ARTICLE VII INCORPORATOR

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

Name: SANTIAGO ARBELAEZ

Address: 1395 BRICKELL AV. SUITE 800

MIAMI, FL 33131, USA

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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 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

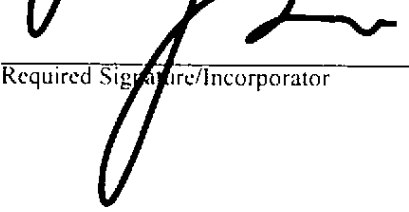


Required Signature/Registered Agent

01-26-2022

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

01-26-2022

Date