

P220000006235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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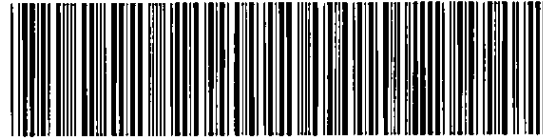
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 31 PM 3:45



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2022 JAN 31 PM 3:55
CLERK OF SUPERIOR COURT
JANUARY 31, 2022

44-1/31/22

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 443089 7634212

AUTHORIZATION :



COST LIMIT : \$70.00

ORDER DATE : January 31, 2022

ORDER TIME : 2:24 PM

ORDER NO. : 443089-005

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: ONE 99 GROUP INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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: ONE 99 GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3490 Royal Palm Ave

3490 Royal Palm Ave

Miami Beach, FL 33140

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000 of \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONALD BIXON - D/P/S

Name and Title:

Address 3490 Royal Palm Ave

Address:

Miami Beach, FL 33140

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CORPORATION

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: DONALD BIXON
Address: 3490 Royal Palm Ave
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

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

Name: DONALD BIXON
Address: 3490 Royal Palm Ave
Miami Beach, FL 33140


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

 01/25/2021
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.

 01/25/2021
Required Signature/Incorporator Date

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DIVISION OF CORPORATIONS
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