

2/11/22, 11:31 AM

Division of Corporations

P22000010309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000056235 3)))



H22000056235ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 11 PM 12:47

FILED

****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
FCJ STEPS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: FCJ STEPS INC.**ARTICLE II PRINCIPAL OFFICE**25529 SW 130 AVE.Principal street addressHOMESTEAD, FL 33032

Mailing address, if different is:

25529 SW 130 AVE.HOMESTEAD, FL 33032**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LOURDES DE LA CARIDAD PORTUONDO PALOMINO - PAddress: 25529 SW 130 AVE.HOMESTEAD, FL 33032

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2022 FEB 11 PM 12:47
 COUNTY OF STATE
 ALLAHASSEE, FL 33032

FILED

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LOURDES DE LA CARIDAD PORTUONDO PALOMINO
 Address: 25529 SW 130 AVE.
HOMESTEAD, FL 33032

2022 FEB 11 PM 12:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LOURDES DE LA CARIDAD PORTUONDO PALOMINO
 Address: 25529 SW 130 AVE.
HOMESTEAD, FL 33032

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*

LOURDES DE LA CARIDAD PORTUONDO PALOMINO (Feb 10, 2022 14:00 EST)
 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.

LOURDES DE LA CARIDAD PORTUONDO PALOMINO (Feb 10, 2022 14:00 EST)
 Required Signature/Incorporator

Date _____