

6/30/22, 7:26 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6381

From:

Account Name : CS TAX SOLUTIONS INC
Account Number : I20220000082
Phone : (305)235-6355
Fax Number : (786)513-3784

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

Email Address: CStaxsolutions@bellsouth.net

FLORIDA PROFIT/NON PROFIT CORPORATION

Family Builders Group, Corp.

Certificate of Status	1
Certified Copy	1
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: _____

Family Builders Group, Corp.
(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: _____

Claudia Sotolongo
Name (Printed or typed)

13375 SW 128 Street #104-A
Address

Miami, FL 33186
City, State & Zip

(305) 235-6355
Daytime Telephone number

cstaxsolutions@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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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: Family Builders Group, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1481 1st Street NE
NAPLES, FL 34120

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rene M. Castro, Pres Name and Title:

Address: 1481 1st Street NE Address:
Naples, FL 34120

Name and Title: Jennifer Castro, VP Name and Title:

Address: 1481 1st Street NE Address:
Naples, FL 34120

Name and Title: Name and Title:

Address: Address:

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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: Rene M. Castro
Address: 1481 1st Street NE
Naples, FL 34120

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Claudia Sotolongo
Address: 13375 SW 128 St, #104-A
Miami, FL 33186

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

RENE M. CASTRO
Required Signature/Registered Agent

06/30/2022
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 §817.155, F.S.

Claudia Sotolongo
Required Signature/Incorporator

Date 06.30.2022

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