

P22000047581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

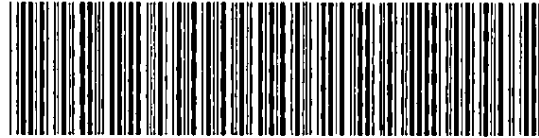
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2022 JUN -9 AM 1:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2022 JUN -9 PM 2:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2022

LESBIA SEGURA
3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

SUBJECT: SANDRA'S COUNTRY KITCHEN, INC.
Ref. Number: W22000077717

2022 JUN -9 AM 1:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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We have received your document for SANDRA'S COUNTRY KITCHEN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Corporation may not act as it's own officer/director.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Senior Section Administrator

Letter Number: 022A00013005

COVER LETTER

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

W22 0000 77717

2022 JUN -9 AM 1:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED

SUBJECT: **ZAN'S DESIGNS**

(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: **SANDRA CRUZ RODRIGUEZ**

Name (Printed or typed)

BO. CEIBA, SECT. CARRASQUILLO, CARR 173, R782,K3-5

Address

CIDRA, PUERTO RICO 00739

City, State & Zip

321-318-2321

Daytime Telephone number

TOMASCARRASQUILLOQUILES06@GMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: ZAN'S DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

BO. CEIBA, SECT. CARRASQUILLO,

CARR 173, R782, K3-5

CIDRA, PUERTO RICO 00739

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: SANDRA'S COUNTRY KITCHEN, INC., P

Name and Title:

Address BO. CEIBA, SECT. CARRASQUILLO,

Address:

CARR 173, R782, K3-5

CIDRA, PUERTO RICO 00739

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: LESBIA SEGURA
 Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA
 Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

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 DIVISION OF CORPORATIONS
 AND BUSINESSES
 TALLAHASSEE, FL 32309
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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022. (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 06/09/2022
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 06/09/2022
Date