

9/2/22, 9:34 AM

# P22000070874

Division of Corporations  
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.

(((H22000302799 3)))



H220003027993ABC1

**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 : E & F LATIN GROUP LLC  
Account Number : 120160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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

Email Address: support@eflatinaccounting.com

2022 SEP 13 PM 4:51

## FLORIDA PROFIT/NON PROFIT CORPORATION ZYGENE INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2022 SEP 13 PM 4:51

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**COVER LETTER**

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

**SUBJECT:** ZYGENE INC

**(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:** E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

SEP 13 PM 1:48

**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: ZYGENE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1755 E HALLANDALE BEACH BLVD

HALLANDALE BEACH, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Lawfull Purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NELSON GOMEZ - D

Name and Title: \_\_\_\_\_

Address 1755 E HALLANDALE BEACH BLVD

Address: \_\_\_\_\_

HALLANDALE BEACH, FL 33009

Name and Title: NANCY SALAZAR - D

Name and Title: \_\_\_\_\_

Address 1755 E HALLANDALE BEACH BLVD

Address: \_\_\_\_\_

HALLANDALE BEACH, FL 33009

Name and Title: RICIARD GOMEZ - D

Name and Title: \_\_\_\_\_

Address 1755 E HALLANDALE BEACH BLVD

Address: \_\_\_\_\_

HALLANDALE BEACH, FL 33009

09/13 PM 1:48

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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

09/13/22 1:48

**ARTICLE VII INCORPORATOR**

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

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD  
SUITE 109, WESTON, FL 33326

**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*

<u><i>Diego Figueroa</i></u>	09/13/2022
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.*

<u><i>Diego Figueroa</i></u>	09/13/2022
Required Signature/Incorporator	Date