

P23000003794

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION PIZPA FUN CORP

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

2023 09 11 3:57

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: PIZPA FUN 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
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: TONI SAMUEL RODRIGUEZ DE FARIA

Name (Printed or typed)

15970 W SR 84 SUITE 214

Address

SUNRISE, FL 33326

City, State & Zip

754-368-1737

Daytime Telephone number

tonimro@hotmail.com

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: PIZPA FUN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15970 W SR 84 SUITE 214

15970 W SR 84 SUITE 214

SUNRISE, FL 33326

SUNRISE, FL 33326

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: 1000 SHARES OF US \$1.00 PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TONI SAMUEL RODRIGUEZ

Name and Title: PRESIDENT

Address 15970 W SR 84 SUITE 214

Address: _____

SUNRISE, FL 33326

Name and Title: ANTONIO MARIA RODRIGUEZ

Name and Title: VICE PRESIDENT

Address 15970 W SR 84 SUITE 214

Address: _____

SUNRISE, FL 33326

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: LAMADRID FINANCIAL SERVICES CORP

Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TONI SAMUEL RODRIGUEZ DE FARIA

Address: 15970 W SR 84 SUITE 214
SUNRISE, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/19/2023 (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

ALEXIS LAMADRID
 Required Signature/Registered Agent:

01/19/2023
 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.

TONI SAMUEL RODRIGUEZ DE FARIA
 Required Signature/Incorporator

01/19/2023
 Date

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