

P230000 44928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

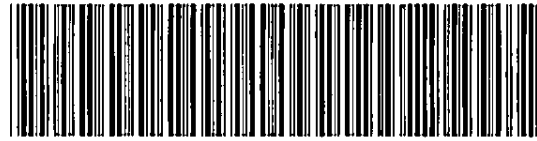
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexis Weiland-Sorenson
Ext: 61592
Date: 06/12/23
Order #: 1225022-1
Re: Zain Distributors Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$78.75 - FL State Account Number:
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexis Weiland-Sorenson', is written over a faint circular stamp.

Please take the following action:

File in your office on basis

Issue PLAIN DATE STAMPED COPY

ISSUE CERTIFICATE OF STATUS

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT: Zain Distributors 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: Marcelo Chamorro
Name (Printed or typed)
3955 N. Nob Hill Road, Ste 106
Address
Sunrise, FL 33351
City, State & Zip
(707) 899-6121
Daytime Telephone number
marceloachamorro@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: Zain Distributors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3955 N. Nob Hill Road, Ste 106
Sunrise, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any and all lawful acts as allowed under the laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Marcelo Chamorro</u>	Name and Title:	_____
Address	<u>Director, President, Secretary</u>	Address:	_____
	<u>3955 N. Nob Hill Road, Ste 106</u>		_____
	<u>Sunrise, FL 33351</u>		_____

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

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

FILED
 2023 JUN 12 PM 2:18
 SECRETARY OF
 TALLAHASSEE, FLORIDA

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: Marcelo Chamorro

Address: 3955 N. Nob Hill Road, Ste 106
Sunrise, FL 33351

ARTICLE VII INCORPORATOR

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

Name: Marcelo Chamorro

Address: 3955 N. Nob Hill Road, Ste 106
Sunrise, FL 33351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/07/2023. (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

DocuSigned by: <u>Marcelo Chamorro</u> <small>3400BA7600F7488</small>	_____	<u>06/09/2023</u>
	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.

DocuSigned by: <u>Marcelo Chamorro</u> <small>3400BA7600F7488</small>	_____	<u>06/09/2023</u>
	Required Signature/Incorporator	Date