

N15000011935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

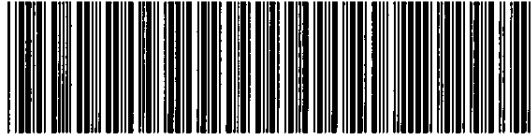
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W15-7902

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 18 PM 4:09

FILED

DEC 21 2015

COVER LETTER

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

SUBJECT: Zamar Incorporated
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Natasha Richards
Name (Printed or typed)

8729 NW 61st Street
Address

Tamarac, FL 33321
City, State & Zip

(407) 374-9450
Daytime Telephone number

natsel@me.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 17 PM 2:43

SECRET
OFFICE OF THE SECRETARY

December 8, 2015

NATASHA RICHARDS
8729 NW 61ST STREET
TAMARAC, FL 33321

SUBJECT: ZAMAR INC.
Ref. Number: W15000079023

We have received your document for ZAMAR INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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
Regulatory Specialist II

Letter Number: 315A00025652

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

Zamar Associates Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8729 NW 61st Street

Mailing address, if different is:

Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: charitable, religious, and educational purposes, including for such purposes,
the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue
Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Board member vote

FILED
15 DEC 18 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Natasha Richards, Chairman/CEO	Name and Title:	Bryant Stewart, Vice Chairman
Address	8719 NW 61st Street Tamarac, FL 33321	Address:	1817 Hardesty Avenue Louisville, KY 40216
Name and Title:	Timothy Anderson, Dir of Administration	Name and Title:	Jim Jenks, Director of Events
Address	1474 East 46th Street Brooklyn, NY 11234	Address:	106 Sable Trace Trail Acworth, GA 30102
Name and Title:	Shawn Hayden, Associate Dir. of Events	Name and Title:	
Address	674 Fortanini Circle Ocoee, FL 34761	Address:	

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Bukeka Simone Knight
 Address: 5993 NW 57th Court, Apt A112
Tamarac, FL 33319

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 15 DEC 18 PM 4:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Natasha Richards
 Address: 8729 NW 61st Street
Tamarac, FL 33321

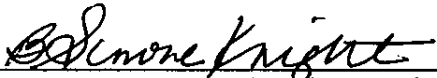
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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 of Registered Agent

12/15/15
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

12/15/15
 Date