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Certificates	of Status
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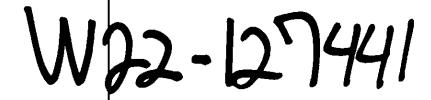


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COVER LETTER

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

SUBJECT:	NAZA FAM	ILY INC.		
SUDDECT		(PROPOSED CORP	drate name – <u>must in</u>	CLUBY SUPPLY)
Enclosed is a	n original and	one (1) copy of the Ar	ticles of Incorporation and	a check for:
≅ \$70 Filing		\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
			ADDITIONAL CO	PY REQUIRED
	FROM:	Jason Linkin	Noker me (Printed or typed)	
	2	14 BOYLSTON AVENU	E	
	_		Address	-
	1	DAYTONA BEACH, FL 3	12118	
	_		City, State & Zip	

386-852-3430

enzasurfcamp@yahco.com

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

Daytime Telephone number

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

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

The name of th				
ARTICLE IL	PRINCIPAL OFFICE			
214	Principal atrect address: BOYLSTON AVENUE		Mailing address, if different is:	
DA	YTONA BEACH FL 32118			
OPERATE EX	or which the corporation is organized is: NA CCLUSIVELY FOR EDUCATIONAL AND	CHARITABLE	PURPOSES WITHIN THE MEANING	OF SECTION
501(C)(3) OF	THE INTERNAL REVENUE CODE OR T	HE CORRESPO	NDING SECTION OF ANY FUTURE FI	EDERAL
TAX CODE.	······································			
· –				
	ALANDO OTEL COMON. The same		VOTED	
ARTICLE IV	MANNER OF ELECTION The manne	r in which the dire	ectors are elected and appointed: VOTED	
	MANNER OF ELECTION The manne		ectors are elected and appointed:	
ARTICLE V	INITIAL OFFICERS ANDAOR DIRECT		MICHELLE LINKINHOKER/OPFICE	
ARTICLE V		ORS	MICHELLE LINKINHOKER/OPFICE	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS Name and Title	MICHELLE LINKINHOKER/OFFICE	
ARTICLE V Name and Title Address	INITIAL OFFICERS AND/OR DIRECT JASON LINKINHOKER/PRESIDENT 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118	ORS Name and Title Address:	MICHELLE LINKINHOKER/OFFICE 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118	
ARTICLE V Name and Title Address Name and Title	INITIAL OFFICERS AND/OR DIRECT JASON LINKINHOKER/PRESIDENT 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118	ORS Name and Title Address: Name and Title	MICHELLE LINKINHOKER/OFFICE 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118	
ARTICLE V Name and Title Address	INITIAL OFFICERS AND/OR DIRECT JASON LINKINHOKER/PRESIDENT 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 CAREY DURYEA/OFFICER	ORS Name and Title Address:	MICHELLE LINKINHOKER/OFFICE 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 LACIE JO LYNCH/OFFICER	
ARTICLE V Name and Title Address Name and Title Address	JASON LINKINHOKER/PRESIDENT 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 CAREY DURYEA/OFFICER 251 S COUNTRY CLUB ROAD	ORS Name and Title Address: Name and Title: Address:	MICHELLE LINKINHOKER/OFFICE 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 LACIE JO LYNCH/OFFICER 251 S COUNTRY CLUB ROAD LAKE MARY FL 32746	2
ARTICLE V Name and Title Address Name and Title Address	JASON LINKINHOKER/PRESIDENT 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 CAREY DURYEA/OFFICER 251 S COUNTRY CLUB ROAD LAKE MARY FL 32746	ORS Name and Title Address: Name and Title: Address:	MICHELLE LINKINHOKER/OFFICE 214 BOYLSTON AVENUE DAYTONA BEACH FL 32118 LACIE JO LYNCH/OFFICER 251 S COUNTRY CLUB ROAD LAKE MARY FL 32746	2022 OC ระบศ เลยโลย

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Name and Title:		Name and Title:				
Address		Address:				
Name and Title:		Name and Title:				
Address		Address:				
ARTICLE VI The pame and I	REGISTERED AGENT Torida street address (P.O. Box NOT accept	able) of the registered	fagent is:			
Name:	DURYEA & EDWARDS CPAS LLC					
Address:	120 E CRYSTAL LAKE AVENUE					
	LAKE MARY FL 32746	.			<u> </u>	2022
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:				LON PALT	OCT 31
Name:	Jason Linkinhoker				<u> </u>	-
Address:	214 Boylston Avenu	<u>e</u>			FLORID	.; _
	Daytona Beach FL 3:	2118			RID:	05
ARTICLE VIII Effective date, it	EFFECTIVE DATE: 8/18/22 Tother than the date of filing: 4/18/22 date is listed, the date must be specific and	I cannot be more th	. (OPTIONAL) an five days prio	r or 90 days after	r the filing	g.)
Note: If the dat document's effe	e inserted in this block does not meet the appetitive date on the Department of State's recon	plicable statutory fili rds.	ng requirements, t	his date will not b	e listed as	the
Having been no certificate, I am	nned as registered agent to accept service of familiar with and accept the appointment as Required Signature of Registered A	registered agent and	ove stated corpore agree to act in thi	tion at the place a capacity. S/24 Date		
I submit this dae the Department	nument and affirm that the facts stated herein of Spite constitutes a third degree felony as p Required Signature of Incorp	rovided for in £817.	that any false info 155, F.S.	B/24/	d in a doc	ument to