

OFFICE USE ONLY (Document #)

LEZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ZULON ACCOUNTING, INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
00 FEB -7 AM 11:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 FEB -7 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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-02/07/00--01057--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**ZULON ACCOUNTING, INC**

**FILED**  
00 FEB -7 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We, the undersigned, hereby associate ourselves together for the purpose of becoming incorporated under the laws of the State of Florida, and do hereby adopt the following:

**Article I**

The name of the Corporation shall be Zulon Accounting, Inc.

**Article II**

This Corporation may engage in any activity or business permitted under the laws of the state of Florida.

**Article III**

The maximum number of shares of stock of this Corporation shall be five hundred (500) shares, the said share having a par value of one dollar and no/100 each and to be fully paid and non-assessable of which shall be common stock, and the same shall be issued and sold for such consideration as may be fixed by the Board of Directors hereof. Said share of stock shall be issued, sold or transferred only according to the By-laws of the Corporation for any indebtedness which may be due at any time by the holders of same to the Corporations, and such lien shall be superior to all liens of nay character, and all assignments and transfers of stock of this Corporation shall be subject thereto.

#### **Articles IV**

The amount of capital with which the Corporation shall begin business shall be not less than five hundred (\$500.00) dollars.

#### **Article V**

The Corporation shall have perpetual existence.

#### **Article VI**

The principal place of business of this Corporation shall be: 1140 west 50<sup>th</sup> Street #204, Hialeah, Florida 33012

#### **Article VII**

The business of the Corporation shall be conducted by a Board of Director of not less than one (1) nor than nine (9) Directors.

#### **Article VIII**

The names of post office addresses of the officers and first Board of Directors of this Corporations, who shall hold office for the first year of its existence, or until their successors are elected and qualified, are as follows:

Leticia Z. Romero – President, Director

1140 west 50<sup>th</sup> Street #204, Hialeah, Florida 33012

Leticia Zulon – Secretary, Treasurer, Director

1140 west 50<sup>th</sup> Street #204, Hialeah, Florida 33012

### **Article IX**

The names and post office addresses of the subscribers to the Certificate of Incorporation, and the number of share of capital stock each agrees to take, are as follows:

Leticia Z. Romero – President, Director (250 Shares)

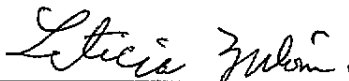
1140 west 50<sup>th</sup> Street #204, Hialeah, Florida 33012

Leticia Zulon – Secretary, Treasurer, Director (250 Shares)

1140 west 50<sup>th</sup> Street #204, Hialeah, Florida 33012

IN WITNESS WHEREOF, the Incorporates have hereunto set their hands and seals this 1st day of January, 2000.

  
\_\_\_\_\_  
Leticia Romero

  
\_\_\_\_\_  
Leticia Zulon

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PREACHES WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED  
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:**

FIRST - THAT ZULON ACCOUNTING, INC. DESIRING TO ORGANIZE  
OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS  
PRINCIPAL PLACE OF BUSINESS AT THE CITY OF HIALEAH,  
STATE OF FLORIDA, HAS NAMED LETICIA ROMERO H LOCATED AT  
1140 WEST 50<sup>TH</sup> STREET #204 STATE OF FLORIDA, AS ITS  
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Leticia Zulon

TITLE Secretary

DATE \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUS  
RELATIVE TO THE PROPER AND COMPLETE THE PERFORMANCE OF  
DUTIES.

SIGNATURE Leticia Romero

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