

PO0000096973

TRANSMITTAL LETTER

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

400003422784--9  
-10/12/00--01051--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ZITA.AV INC.  
(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: DENNIS PASCHALIS  
Name (Printed or typed)

9724 SW 156 CT #450  
Address

MIAMI FL 33196  
City, State & Zip

305 383-4640  
Daytime Telephone number

FILED  
00 OCT 12 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

10-14  
WC

# 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:

ZITA AV INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9724 SW 156 CT #450  
MIAMI FL 33196

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SERVICE AND REPAIR COMPANY

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DENNIS PASCHALIS "PRESIDENT"  
9724 SW 156 CT #450  
MIAMI FL 33196

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


DENNIS PASCHALIS  
9724 SW 156 CT #450  
MIAMI FL 33196

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

DENNIS PASCHALIS  
9724 SW 156 CT #450  
MIAMI FL 33196

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

10/7/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/7/00  
\_\_\_\_\_  
Date

FILED  
00 OCT 12 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA