

Charter Number Only

P0100011323

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

000004690860--4

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

E. Z. A. Co., Inc.

DIVISION OF CORPORATION

01 NOV 21 AM 9:30

RECEIVED

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Order

Name  
Availability  
Document  
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

cert copy

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Empire Toll Free: 1-800-432-3028



# ARTICLES OF INCORPORATION

of

E.Z.A.C., Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

E.Z.A.C., Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Hundred ~~100~~ shares ( 100 ) of One Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Ryan P. Schmiedeknecht</u>		
ADDRESS	<u>2966 NW 103 Lane</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>E.Z.A.C., Inc.</u>		
ADDRESS	<u>2966 NW 103 Lane</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

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FLORIDA



# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

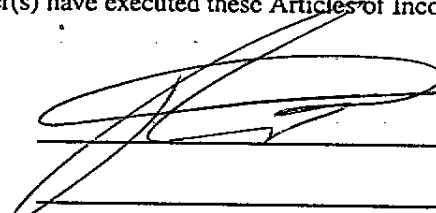
NAME	<u>Ryan P. Schmiedeknecht</u>		
ADDRESS	<u>2966 NW 103 Lane</u>		
CITY	STATE	ZIP	
<u>Coral Springs</u>	<u>Florida</u>	<u>33065</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Ryan P. Schmiedeknecht</u>		
ADDRESS	<u>2966 NW 103 Lane</u>		
CITY	STATE	ZIP	
<u>Coral Springs</u>	<u>Florida</u>	<u>33065</u>	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of 11-19, 2021

  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation organized under the laws of the state of Florida, submits the following statement to designate the registered office/registered agent, in the state of Florida..

1. The name of the corporation is: E.Z.A.G. Inc

2. The name and address of the registered agent and office is:

Ryan P. Schmiedeknecht  
(Name)

2966 NW 103 Lane

(P.O. Box Not Acceptable)

Coral Springs, FL 33065  
(City/State/Zip)

SIGNATURE

(Corporate Officer)

TITLE President

DATE 11-19-01

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 11-19-01

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TALLAHASSEE FLORIDA

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