

POS 0000062535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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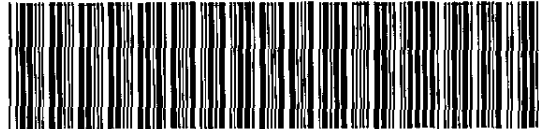
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 APR 28 PM 3:27
TALLAHASSEE, FLORIDA
RECEIVED

05 APR 28 PM 3:02
RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE

TRANSMITTAL LETTER

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

SUBJECT: ZAKARE SPORTS & FASHIONS
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MUHAMMED ZAKARE
Name (Printed or typed)

4827 CRAWFORDVILLE RD #3
Address

TALLAHASSEE FL 32305
City, State & Zip

(850) 877-6198
Daytime Telephone number

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

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: ZAKARE SPORTS & FASHIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4827 CRAWFORDVILLE RD #3
TALLAHASSEE FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MUHAMMED ZAKARE 4827 CRAWFORDVILLE RD #3 - 32305
STELLA GLENCH 4827 CRAWFORDVILLE RD #3 - PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MUHAMMED ZAKARE 4827 CRAWFORDVILLE RD #3
TALL FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MUHAMMED ZAKARE
4827 CRAWFORDVILLE RD #3
TALL FL 32305

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

Date

Signature/Incorporator

Date