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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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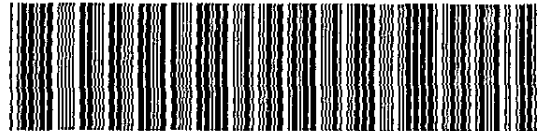
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Zubla, Inc

(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
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: Juthlande Anastase

Name (Printed or typed)

2119 Shoma dr

Address

West Palm Beach FL, 33414

City, State & Zip

561-306-0749

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:

Zubla, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2119 Shoma dr West Palm Beach FL, 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

fifty thousand (50,000) shares of one (1) dollar per value common stock which shall be designated "common shares".

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Juthlande Anastase President

2119 Shoma dr

West Palm Beach FL, 33414

ARTICLE VI REGISTERED AGENT

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

Juthlande Anastase 2119 Shoma dr West Palm Beach FL, 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Zubla, Inc

2119 Shoma dr

West Palm Beach FL, 33414

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



Signature/Incorporator

JUTHLANDE ANASTASE

FILED
05 OCT 11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/05/05

Date

10/05/05

Date