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| (Requestor's Name)                    |                    |           |  |  |
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|                                       |                    |           |  |  |
| (City/State/Zip/Phone #)              |                    |           |  |  |
| PICK-UP                               | ☐ WAIT             | MAIL      |  |  |
|                                       |                    |           |  |  |
| (Bu                                   | isiness Entity Nan | ne)       |  |  |
| •                                     | •                  | •         |  |  |
| -                                     |                    |           |  |  |
| (DC                                   | ocument Number)    |           |  |  |
| •                                     |                    |           |  |  |
| Certified Copies                      | _ Certificates     | of Status |  |  |
|                                       |                    |           |  |  |
| Special instructions to               | Filing Officer     |           |  |  |
| Openial mandellong to 1 ming Officer. |                    |           |  |  |
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SECRETARY OF STATE
ALL ABASSEF, FLORID.

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## **COVER LETTER**

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

| SUBJECT:                                    | mand & Curr                                | O<br>TE NAME – <u>MUST INCL</u> I                 |  |  |
|---|--|---|--|--|
|   | ' (PROPOSED CORPORA'                       | TE NAME – <u>MUST INCL</u> I                      | <u>UDE SUFFIX)</u>   |  |
| Enclosed are an orig                        | inal and one (1) copy of the arti          | cles of incorporation and                         | l a check for:   |  |
| \$70.00<br>Filing Fee                       | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |  |
|   |  | ADDITIONAL CO                                     |  |  |
| FROM:                                       | Ésperama<br>Name                           | Phylahan<br>(Printed or typed)                    |  |  |
| 1412 Mahama St. Address                     |  |   |  |  |
| -   | Tallahansel City,                          | 1 323)?<br>State & Zip                            | 2  |  |
| 900 - 22 4 - 1603  Daytime Telephone number |  |   |  |  |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME  | The Land   |
|---|--|
| The name of the corporation shall be:   | 06 FEB 22 PM 1: 15                                     |
| Zaid Inc  | SECRETARY OF STATE TALLAHASSEE, FLORIDA                |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  |  |
| MID Massuma Street<br>Tullahance, M 32303   |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   | · · · · · · · · · · · · · · · · · · ·                  |
| ARTICLE IV SHARES The number of shares of stock is:   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTO List name(s), address(es) and specific title(s):  | <u>DRS</u>   |
| Esperanza Mondoban Gresider<br>1912 Mabana Street<br>Tallahansee, F1 32303  | M )  |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)   |  |
| Esperanza Abalaban<br>1912 Mabama Street<br>Talahassee, FJ 32343  |  |
| ARTICLE VII INCORPORATOR  |  |
| The <u>name and address</u> of the Incorporator is:   |  |
| -Esperanza Abulaban<br>1412 Alabama streck<br>Tallohussuc, FL 32303   |  |
| Tallah == 5546, Fl 32303  | **********   |
| Having been named as registered agent to accept service of process for the abo<br>certificate, I am familiar with and accept the appointment as registered agent ar | eve stated corporation at the place designated in this |
| 2   | 212111   |
| Signature/Registered Agent  | Date   |

Signature/Incorporator