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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureau MAR 20 2009

TRANSMITTAL LETTER

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

SUBJECT: DAZA CAPITAL GROUP CORP.
(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: ADA CRISTINA DAZA SCHULTZ
Name (Printed or typed)

7651 SW 103 PLACE
Address

MIAMI, FL 33173
City, State & Zip

(305) 431 1803
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DAZA CAPITAL GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7651 SW 103 PLACE
MIAMI, FL 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES (500) OF ONE DOLLAR (\$1.00) FOR VALUE COMMON STOCK WHICH SHALL BE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ADA CRISTINA DAZA SCHULTZ 7651 SW 103 PLACE
MIAMI, FL 33173

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ADA CRISTINA DAZA SCHULTZ 7651 SW 103 PLACE
MIAMI, FL 33173



Signature/Incorporator

03/15/2006

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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/Registered Agent

03/15/2006

Date

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TALLAHASSEE, FLORIDA