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(Re	questor's Name)	
(Âd	dress)	
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Via	uicaa)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(2)		,
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

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

SUBJECT:	ZSDJS DISTRIE		in a criman			
	(PROPOSED CORPOR.	ate name – <u>Must incl</u>	ODE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78,75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM:		ed Hasad Şamad				
Name (Printed or typed) 2125 N.W. 36th street						
	· ·	Address FL 33142 7, State & Zip	<u> </u>			
		34-3670 Telephone number				

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

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~		18'31.7		2 3 7	VVI	11 1/1 1	. –			

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I _ NAME

The name of the corporation shall be:

ZSDJS DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2125 N.W 36TH STREET, APT #26, MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet Sales of various items.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MOHAMED HASAD SAMAD---OWNER

2125 N.W 36th Street, Miami, FL 33142

ARTICLE VI REGISTERED AGENT

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

Mohamed Hasad Samad 2125 N.W. 36th Street, Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mohamed Hasad Samad 2125 N.W. 36th Street, Miami, FL 33142

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

M H Samuel
Signature/Registered Agent

M II Samuel
Signature/Inggregator

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NLI JANY OF STATE
AND STEP, FLORIDA

7/28/06 Date

Date