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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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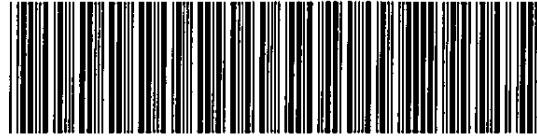
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** ZAP PROPERTIES OF TAMPA, 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:** WILLIAM F. PAZ  
Name (Printed or typed)

8312 FLOWERFIELD DRIVE

Address

TAMPA, FL 33615

City, State & Zip

(813) 884-0032

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:

ZAP PROPERTIES OF TAMPA, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8312 FLOWERFIELD DRIVE  
TAMPA, FL 33615

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

## **ARTICLE IV SHARES**

The number of shares of stock is:

FIVE HUNDRED SHARES

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

WILLIAM F. PAZ/PRESIDENT-VICE PRES.  
8312 FLOWERFIELD DRIVE  
TAMPA, FL 33615

STELLA PAZ/SECRETARY/TREASURER  
8312 FLOWERFIELD DRIVE  
TAMPA, FL 33615

## **ARTICLE VI REGISTERED AGENT**

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

WILLIAM F. PAZ  
8312 FLOWERFIELD DRIVE  
TAMPA, FL 33615

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

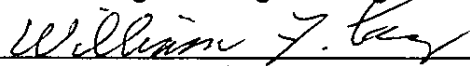
WILLIAM F. PAZ  
8312 FLOWERFIELD DRIVE  
TAMPA, FL 33615

\*\*\*\*\*

*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

3/1/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/1/07  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA