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| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Cartified Conies Cartificator of Status |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATE
SAFT ANASSEE, FLORIDA



# COVER LETTER

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

| SUBJECT: ZO                      | E MAID CORP.                       |                            |                  |
|----------------------------------|------------------------------------|----------------------------|------------------|
|                                  | (PROPOSED CORPORA                  | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)      |
|                                  |                                    |                            |                  |
|                                  |                                    |                            |                  |
| Enclosed are an original         | ginal and one (1) copy of the arti | cles of incorporation and  | l a check for:   |
| \$70.00                          | <b>√</b> ]\$78.75                  | \$78.75                    | □ \$87.50        |
| Filing Fee                       | Filing Fee                         | Filing Fee                 | Filing Fee,      |
|                                  | & Certificate of Status            | & Certified Copy           | Certified Copy   |
|                                  |                                    |                            | & Certificate of |
|                                  |                                    |                            | Status           |
|                                  |                                    | ADDITIONAL COPY REQUIRED   |                  |
|                                  |                                    |                            | ****             |
|                                  |                                    |                            |                  |
|                                  | ****                               |                            |                  |
| FROM: MARBELY AUXILIADORA SEIMAN |                                    |                            |                  |
|                                  | Name                               | (Printed or typed)         |                  |
|                                  | 1452 SW 5 STREET APT               | # <b>Q</b>                 |                  |
|                                  |                                    | Address                    |                  |
|                                  |                                    |                            |                  |
|                                  | MIAMI FLORIDA 33135                |                            |                  |
|                                  | City,                              | State & Zip                |                  |
|                                  |                                    |                            |                  |
|                                  | 305-643-4233                       |                            |                  |
|                                  | Daytime T                          | elephone number            |                  |

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



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

### <u>ARTICLE I NAME</u>

The name of the corporation shall be:

ZOE MAID CORP.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1452 SW 5 Street #8 MIAMI, FLA 33135

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOUSEKEEPER

### ARTICLE IV SHARES

The number of shares of stock is:

50 SHARES

### ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s), address(es) and title(s):

MARBELY AUXILIADORA SEIMAN (PRESIDENT) 1452 SW 5 Street #8 MIAMI FLA 33130

Maria A. Espinoza (Vice P.) 1452 SW 5 Street #8 Miami F1 33130

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NAVARRO BUSINESS OFFICE 1170 SW 6 Street MIAMI FL 33130

### ARTICLE VII <u>INCORPORATOR</u>

The name and address of the Incorporator is:

MARBELY AUXILIADORA SEIMAN 1452 SW 5 Street #8 MIAMI FL 33135

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

ENTE SECTION AND

Date 10/22/2007

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07 OCT 29 AM 9: 45

SECRETARY OF STATE
FAIL ANASSEE, FLORIDA