

P08000006917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

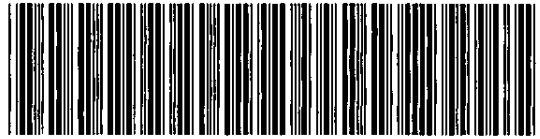
(Document Number)

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Office Use Only

*[Handwritten Signature]*



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FILED  
08 JAN 18 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** METHODZZ, 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:** DORE PERLER

Name (Printed or typed)

10871 NW 52ND STREET, SUITE 2

Address

SUNRISE, FLORIDA 33351

City, State & Zip

954-232-5383

Daytime Telephone number

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

METHODZZ, INC.

**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:

METHODZZ, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10871 NW 52ND STREET, Suite 2

SUNRISE, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESS DEEMED LEGAL IN FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 AUTHORIZED.

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

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

DANIEL COLELLA, DIRECTOR

DORE PERLER, DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

DORE PERLER, 10871 NW 52ND STREET, SUNRISE, FLORIDA 33351

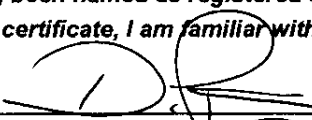
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DORE PERLER, 10871 NW 52ND STREET, SUNRISE, FLORIDA 33351

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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

1/16/2008

\_\_\_\_\_  
Date

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

1/16/2008

\_\_\_\_\_  
Date

FILED  
08 JAN 18 AM 7:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA