

PD9000085378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

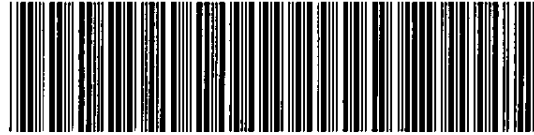
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09-43500

Office Use Only



000160991940

09/25/09--01013--011 **78.75

FILED
2009 OCT 13 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

768P
10/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2009

JORGE E. SALMON
18181 NE 31ST CT
APT. 306
AVENTURA, FL 33160

SUBJECT: FEDZA CORP.
Ref. Number: W09000043500

We have received your document for FEDZA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) VI.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 009A00031729

COVER LETTER

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

SUBJECT: FEDZA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jorge E. Salmon
Name (Printed or typed)

18181 NE 31st CT Apt. 306
Address

Aventura, FL 33160
City, State & Zip

305-788-9088
Daytime Telephone number

fastix1@gmail.com
E-mail address: (to be used for future annual report notification)

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: FEDZA Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

18181 NE 31st CT Apt. 306
Aventura, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Trade

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):

Jorge E. Salmon - President
18181 NE 31st CT Apt. 306
Aventura, FL 33160

ARTICLE VI REGISTERED AGENT

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

Jorge E. Salmon
18181 NE 31st CT Apt. 306
Aventura, FL 33160

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Jorge E. Salmon
18181 NE 31st CT Apt. 306
Aventura, FL 33160

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



Signature/Incorporator

09/23/09

Date

09/23/09

Date

FILED
2009 OCT 13 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA