

P10000071518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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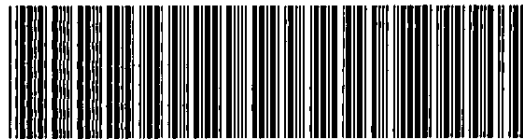
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK-10-8-
2010

COVER LETTER

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

SUBJECT: Zyphon 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
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: Carlos Ramirez

Name (Printed or typed)

8170 S Magnolia Avenue

Address

Ocala, FL 34476

City, State & Zip

352-873-2335

Daytime Telephone number

cramirez3070@aol.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:

Zyphon Corp.

ARTICLE II PRINCIPAL OFFICE

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

8170 S Magnolia Avenue, Ocala, FL 34476

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business in financing and real estate transactions.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Ramirez	Olga Cintron	Odette Ramirez
President	Vice President	Secretary
8170 S Magnolia Ave, Ocala, FL 34476	8170 S Magnolia Ave Ocala, FL 34476	8170 S Magnolia Ave, Ocala, FL 34476

ARTICLE VI REGISTERED AGENT

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

Odette Ramirez

8170 S Magnolia Avenue, Ocala, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos G. Ramirez

8170 S Magnolia Avenue, Ocala, FL 34476

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

8/20/10

Date

8-26-10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA