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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MNZK786 INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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J. Shivers

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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:

MNZIK786 INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1313 New Town Ave
Orlando FL 32835**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESTAURANT

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):

MOHAMMED LASSI
PRESIDENT1313 New Town Ave
Orlando FL 32835**ARTICLE VI REGISTERED AGENT**

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

MOHAMMED LASSI
1313 NEW TOWN AVE.
ORLANDO FL 32835**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MOHAMMED LASSI
1313 NEW TOWN AVE.
ORLANDO FL 32835

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

MOHAMMED LASSI
Signature/Registered Agent

8/31/10
Date

MOHAMMED LASSI
Signature/Incorporator

8/31/10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED