

PI0000081471

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 10 2010

## COVER LETTER

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

SUBJECT: KARZ & KARZ 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: KARZ & KARZ  
Name (Printed or typed)  
305 Old Sanford/Oviedo Road #287  
Address  
Winter Springs, Florida 32708  
City, State & Zip  
215-437-2698  
Daytime Telephone number  
taishanw1242@yahoo.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**

**KARZ & KARZ INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
305 Old Sanford/ Oviedo Rd  
#287 Winter Springs FL 32708

Mailing address, if different is:  
305 Old Sanford/ Oviedo Rd  
#287 Winter Springs FL 32708

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in a business for buying and selling automobiles.

**ARTICLE IV SHARES** 200

The number of shares of stock is:

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

Name and Title: Eloiza Sol Birch  
Address: President, Secretary, and Treasurer  
15300 W. Colonial Dr. #405  
Winter Garden, FL 34787

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Eloiza Sol Birch  
Address: 15300 W. Colonial Dr. #405  
Winter Garden, FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eloiza Sol Birch  
Address: 15300 W. Colonial Dr. #405  
Winter Garden, FL 34787

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

Eloiza Sol Birch  
Required Signature/Registered Agent

10-2-10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eloiza Sol Birch  
Required Signature/Incorporator

10-2-10  
Date

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