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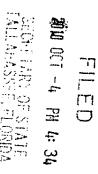
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT:	KARZ & KARZ INC.,				
1	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
		<u> </u>			
FROM: _	KARZ & Name	R KARZ (Printed or typed)			
	305 Old Sanford/	Oviedo Road #287 Address			
	- /	Address			
	Winter S City,	Springs, Florida 3270/ State & Zip	3		
	215-437	7_2609			
	Daytime T	elephone number			
genapa	taishanw E-mail address: (to be used	1242@yahoo.com d 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

KARZ & KARZ INC

be:

ARTICLE II PRINCIPAL OFFICE Principal street address 305 Old Sanford/ Oviedo Rd	Mailing address, if different is: 305 Old Sanford/ Oviedo Rd	
#287 Winter Springs FL 32708	#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 auto	omobiles.	FIL Min OCT - RESPENSE ALLAMASE
ARTICLE IV SHARES 200		
The number of shares of stock is:	•	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	s	STATE
		SE G
Name and Title: Eloiza Sol Birch Address: President, Secretary, and Tresurer 15300 W. Colonial Dr. #405	<u> </u>	
Winter Garden, FL 34787		
Name and Title:Address:	Name and Title:Address:	
Name and Title:Address:	Address:	
ARTICLE VI REGISTERED AGENT	4,,,,,	
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 <u>name and address</u> 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 this certificate, I am familiar with and accept the appointment as regi		
11: 21 B.O		10 - 0 10
Required Signature/Registered Agent		10-2-10 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the fals	