

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : DORAL CORPORATE FILING SERVICE  
Account Number : I20070000081  
Phone : (305) 436-0979  
Fax Number : (305) 592-5575

**\*\*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  
EZVIP.COM, CORP.**

Certificate of Status	0
Certified Copy	1
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11 JAN 27 PM 3:24

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 JAN 27 PM 12:44

H11000023012

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 JAN 27 PM 12:44

**ARTICLE I NAME**

The name of the corporation shall be:

EZVIP.COM, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16015 SW 101 Ave

Miami, FL 33157

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Alashe K. Nelson (P)

Address: 16015 SW 101 Ave

Miami, FL 33157

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: Alashe K. Nelson

Address: 16015 SW 101 Ave

Miami, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alashe K. Nelson

Address: 16015 SW 101 Ave

Miami, FL 33157

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



Required Signature/Registered Agent

01/27/2011

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.



Required Signature/Incorporator

01/27/2011

Date

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