

P110000037580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

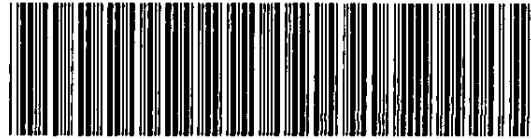
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/11--01045--001 **70.00

APPROVED
AND
FILED
11 APR 18 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UN

COVER LETTER

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

SUBJECT: Z-Extreme Fitness & Services, 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: Zohra Vayani

Name (Printed or typed)

212 Lake Pointe Dr apt 102

Address

Oakland Park, FL 33309

City, State & Zip

954-815-3871

Daytime Telephone number

zohrav@hotmail.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)

APPROVED
AND
FILED

11 APR 18 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

ARTICLE I NAME Z-Extreme Fitness & Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
212 Lake Pointe Dr apt 102
Oakland Park, FL 33309

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any Legal and Lawful Purpose

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Zohra Vayani, President</u>	Name and Title: _____
Address: <u>212 Lake Pointe Dr apt 102</u>	Address: _____
<u>Oakland Park, FL 33309</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

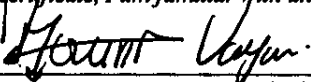
Name: Zohra Vayani
Address: 212 Lake Pointe Dr apt 102
Oakland Park, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zohra Vayani
Address: 212 Lake Pointe Dr apt 102
Oakland Park, FL 33309

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

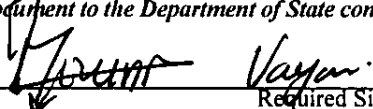


Required Signature/Registered Agent

04/14/2011

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

4/14/11
Date