# P11000062265

(Requestor's Name)				
(Ac	(Address)			
(Address)				
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
(Bı	usiness Entity Na	me)		
(2.	Joinedo Entity Fra	,,,,,,		
	and the same and	<del></del>		
(DC	ocument Number	,		
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:			
	-			
		İ		
		ľ		
<u> </u>				

Office Use Only



000209115170

06/27/11--01046--021 \*\*78.75

11 JUL -7 PH 2:59

207/08/11

W11-34918



# RECEIVED

11 JUL -7 AH 10: 30

DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2011

KATHRYN A. KESLAR 1931 HIBISCUS LANE RIVIERA BEACH, FL 33404

SUBJECT: ZIPRIZE INC. Ref. Number: W11000034918

We have received your document for ZIPRIZE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 911A00015706

# **COVER LETTER**

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

SUBJECT: Ziprize Inc. (PROPOSED CORPORA				
/ (PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Kathryn A. Keslar Name (Printed or typed)				
1931 Hibiscus LANE Address				
Riviera BEACH, FL 33404 City, State & Zip				
561-340 Daytime T	6-6076 elephone number			
CK2 claat (E-mail address: (to be used	O COLCOM  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)

The name of the corporation		<b>2</b> ·	
P /93	CIPAL OFFICE rincipal street address I Hibiscus Viera Beach FL 3340	_	ress, if different is:
MANUfac	ose ecorporation is organized is: ture and sale of slipcovers, windo		
ARTICLE IV SHAP The number of shares of st	<del></del>		
Name and Title: K Address: PK	AL OFFICERS AND/OR DIRECTORS ATHRYN A. KESIA. CESIAENT / V. PRES. 31 HIDISCUS LANE VIERA BEACH, FL 3340	Name and Title:Address:	
Address: <u>Se</u>	CRETARY, TREASURER 31 HIBISCUS LANE IVLERA BEACH, PL 334	Address:	
Address:		Name and Title:Address:	1
The name and Florida str Name: A Address:	STERED AGENT  eet address (P.O. Box NOT acceptable) of t  ATHRAN A. KESIAR  1931 HIDISCUS LANE  RIVIERA BEACH, FL	he registered agent is:	ALLANASSE
The name and address of	RPURATUR		PH 2:59
Having been named as rethis certificate. I am famili	gistered agent to accept service of process ar with and accept the appointment as regis	for the above stated corpora tered agent and agree to act i	tion at the place designated in in this capacity
I submit this document and	Required Signature/Registered Agent and affirm that the facts stated herein are to	rue. I am aware that the fal	Date  Date  See information submitted in a
+ Clare	nt of State constitutes a third degree felony  Required Signature/Incorporator	us proviaed for in s.817.155,	6/24/2011