

P110000062732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

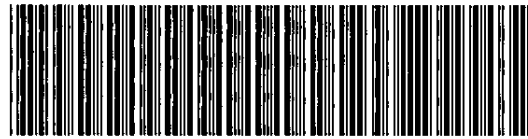
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: THE POWZYK CORPORATION, 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: SUSAN ELIZABETH BLASZYK

Name (Printed or typed)

1612 BINNEY DRIVE

Address

FORT PIERCE, FL 34949

City, State & Zip

954-319-1232

Daytime Telephone number

BLOOMINSUSANB@AOL.COM COMCAST.NET

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

THE POWZYK CORPORATION, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1500 SOUTH 29TH STREET
SUITE 1
FORT PIERCE, FL 34947-6900

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COSMETOLOGY(FACIALS, PEELS, MANICURES, PEDICURES, ACRYLIC NAILS & MASSAGES)

ARTICLE IV SHARES

The number of shares of stock is:100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUSAN E. BLASZYK, PRESIDENT
Address: 1612 BINNEY DRIVE
FORT PIERCE, FL 34949

Name and Title: _____
Address: _____

Name and Title: WILLIAM R. POWER, JR. VICE PRES.
Address: 1612 BINNEY DRIVE
FORT PIERCE, FL 34949

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: LARRY LIPNER
Address: 1440 CORAL RIDGE DR #172
CORAL SPRINGS, FL 33071


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY LIPNER
Address: 1440 CORAL RIDGE DR #172
CORAL SPRINGS, FL 33071

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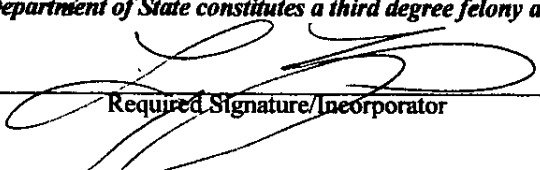
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

7/04/11

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

7/04/11

Date