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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
BIVISION OF GERPORATE

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or 8/9/11

COVER LETTER

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

SUBJECT: ZIA CHARTERS, INC.						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
·						
\$70.00	\$78.75					
Filing Fee Filing Fee & Certificate of Status	Filing Fee Filing Fee,					
& Certificate of Status	& Certified Copy Certified Copy & Certificate of					
	Status					
	ADDITIONAL COPY REQUIRED					
· ·						
TROLL CRECORY C. FARRELLY						
FROM: GREGORY G. FARRELLY Name	(Printed or typed)					
506 LOUISA STREET						
Address						
NEV MEOT EL 00040						
KEY WEST, FL 33040						
21.9, 1						
<u>(305)293-85</u> 87	그 경우	,				
(305)293-8587 Daytime Telephone number						
. CATALFO@BELLSOUTH	ω U 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 N	AME ZIA CHARTERS, INC	•	
737	Principal office Principal street address OLIVIA STREET, APT. B Y WEST, FL 33040		Mailing address, if different is: FOURTH STREET, #148 WEST, FL 33040
ARTICLE III PO The purpose for whice ALL LEGAL BU	IRPOSE th the corporation is organized is: ISINESS ACTIVITY.		2011 AUG -8 P
The number of shares ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR		FSIALE ORSELL SIALE
Address:	JEREMY A. HACKWORTH, PRESIDEN 737 OLIVIA STREET, #B KEY WEST, FL 33040	_ Address:	
Name and Title Address:		Name and Ti Address:	itle:
Name and Title: Address:			itle:
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of		gent is:
Name: Address:	GREGORY G. FARRELLY 506 LOUISA STREET KEY WEST, FL 33040		
ARTICLE VII IN	CORPORATOR		
	s of the Incorporator is:		
Name:	JEREMÝ A. HACKWORTH	_	
Address:	737 OLIVIA STREET, #B KEY WEST, FL 33040	-	
Having been named a this certificate, I am fa	is registered agent to accept service of process imiliar with and accept the appointment as regi	for the above stered agent an	d agree to act in this capacity
- Lugar	Jamille		08/02/2011
41	Required Signature/Registered Agent		Date
I submit this document document to the Depart	nt and affirm that the facts stated herein are rtypent of State constitutes a third degree felony	true. I am awa as provided fo	are that the false information submitted in a r in s.817.155, F.S.
11	/		01-1
-4/1	Required Signature/Incorporator		_ & /_ 7 ///