

P110000083741

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA PROFIT/NON PROFIT CORPORATION****FLIZ INC.**

Certificate of Status	0
Certified Copy	1
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September 21, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: FLIZ INC.
REF: W11000048767

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Ruby Dunlap
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 22 AM 10:57

P.O. BOX 6327 - Tallahassee, Florida 32314

H11000230113

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

ARTICLE I NAME

The name of the corporation shall be: **FLIZ INTERNATIONAL INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
801 ALBATROZ ST.
MIAMI SPRINGS
FL 33166

Mailing address, if different is:
801 ALBATROZ ST.
MIAMI SPRINGS
FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **FELIX PEREZ**
Address: **801 ALBATROZ ST.**
MIAMI SPRINGS, FL 33166

Name and Title: _____
Address: _____

Name and Title: **PRESIDENT, TREASURER, SECRETARY**
Address: **801 ALBATROZ MIAMI SPRINGS**
FL 33166

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: **FELIX PEREZ**
Address: **801 ALBATROZ ST.**
MIAMI SPRINGS, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **FELIX PEREZ**
Address: **801 ALBATROZ ST.**
MIAMI SPRINGS, FL 33166

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

X _____
Required Signature/Registered Agent

09/19/2011
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.217.155, F.S.

X _____
Required Signature/Incorporator

09-19-2011
Date

STATE OF FLORIDA
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