

PI1000096513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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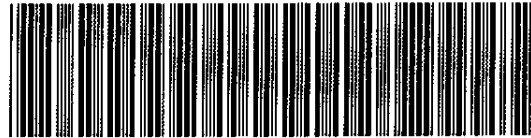
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV - 4 PM 2:25

ATTACHED  
AND  
FILED

1/44

## COVER LETTER

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

SUBJECT: **ZOMBEEES, 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: **GARY S. WOLFE**

Name (Printed or typed)

**3835 PALM BEACH BLVD.**

Address

**FORT MYERS FL 33916**

City, State & Zip

**239-693-0400**

Daytime Telephone number

**GWOLFE@EDISONINS.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)

4-11-11  
AND  
FILED

**ARTICLE I NAME** ZOMBEEES, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3835 PALM BEACH BLVD.  
FORT MYERS, FL 33916

Mailing address, if different is:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ESTABLISH A WHOLESALE, RETAIL ESTABLISHMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GARY S. WOLFE - PRESIDENT  
Address: 3835 PALM BEACH BLVD.  
FORT MYERS, FLORIDA 33916

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: BIN ZHU - VICE PRESIDENT  
Address: 3835 PALM BEACH BLVD.  
FORT MYERS, FLORIDA 33916

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: GARY S WOLFE  
Address: 3835 PALM BEACH  
FORT MYERS, FL 33916

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GARY S. WOLFE  
Address: 3835 PALM BEACH  
FORT MYERS, FL 33916

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

10/31/2011  
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

10/31/2011  
Date