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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 15 PM 1:58

APPROVED  
AND  
FILED

1/1/11

## COVER LETTER

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

**SUBJECT: MIZADA, 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: MICHELLE LIGHTBOURN**

Name (Printed or typed)

**3726 SW MANAK STREET**

Address

**PORT ST LUCIE, FL 34953 US**

City, State & Zip

**954-632-3975**

Daytime Telephone number

**MIZADAINC@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

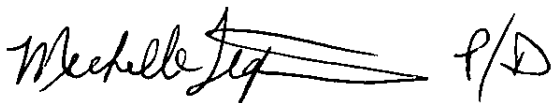
**NOTE: Please provide the original and one copy of the articles.**

November 8, 2011

## RELEASE OF CORPORATION NAME

I, Michelle Lightbourn, P/D of Mizada, Inc., document number P06000136878, have no intentions to reinstate the administratively dissolved corporation. Therefore, release its' name for another entity use.

Thank you,

A handwritten signature in black ink, appearing to read "Michelle Lightbourn" followed by a stylized flourish and the letters "P/D".

Michelle Lightbourn, P/D

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

SECRET  
AND  
FILED

**ARTICLE I NAME** MIZADA, INC  
The name of the corporation shall be:

11 NOV 15 PM 1:58

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3726 SW MANAK STREET  
PORT ST LUCIE, FL US 34953

Mailing address, if different is:  
3726 SW MANAK STREET  
PORT ST LUCIE, FL US 34953  
FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 500

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

Name and Title: MICHELLE LIGHTBOURN, P/D  
Address: 3726 SW MANAK STREET  
PORT ST LUCIE, FL 34953 US

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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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: Laverne R. Williams  
Address: 3300 S.W. Myers Court  
Port St. Lucie, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle Lightbourn  
Address: 3726 SW Manak St  
PSC 71 34953

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

Laverne R. Williams  
Required Signature/Registered Agent

11-9-11  
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.

Michelle Lightbourn  
Required Signature/Incorporator

11/9/11  
Date