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(Requestor's Name)				
(Add	iress)	· · · · · · · · · · · · · · · · · · ·		
(Address)				
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
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SECRETARY OF STATE OR DA

COVER LETTER

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

SUBJECT: Zej	1 Models PROPOSED CORPOR	Th. C. MATE NAME - MUST INCL	LUDE SUFFIX)	
Enclosed are an original and \$70.00 \$78.7 Filing Fee Filing & Cer	one (1) copy of the a			
		ADDITIONAL CO	OPY REQUIRED	
from:		ne (Printed or typed) Blossom Trail Address	SECRET	12 JUN
Orlo	indo, Fl	32 83 7 y, State & Zip	ARY OF STATE	1LED 25 M 4:
		Telephone number Lahoo. Com	/ notification	28

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)

The name of the corpo	AME ration shall be: Zen Model	s Inc.			
	RINCIPAL OFFICE Principal street address 640 S. Orange Blossom Translands, FL 32837	eul 112	Mailing address, if different is:		
	n the corporation is organized is: as an organized is:	- to Models	for Various	functions	
The number of shares		YTO D.C.			
Name and Title:	ITIAL OFFICERS AND/OR DIRECT Du Tran , Chuner 14579 Grand Cove Or Odanso, FL 32837	Name and Title	N/A		
Name and Title: Address:	N/A	Name and Title Address:	N/A		
Name and Title: Address:	N/A	Name and Title Address:	N/A		
ARTICLE VI RE	GISTERED AGENT		SEC	72	
	a street address (P.O. Box NOT acceptal	ole) of the registered age	nt is: ≱R	=	
Name: Address:	14579 Grand Cove Or Odundo, FL 32837		TARY OF ASSEE.	FILE JUN 25	
ARTICLE VII IN	CORPORATOR		7.4		
The name and addres Name: Address:	s of the Incorporator is: 14579 Grand Cove Orlands, FL 32837	O	ATE PRIDA	4: 28	
Having been named a this certificate, I am fa	ns registered agent to accept service of partillar with and accept the appointment of	rocess for the above sta as registered agent and o	ited corporation at the pla agree to act in this capacity	ce designated in	
M	h- //-		ch-	1,0	
	Required Signature/Registered Agen	<u> </u>	6/ /20	Sate	
I submit this documen document to the Department	nt and affirm that the facts stated herein riment of State constitutes a third degree	n are true. I am aware	that the false information n s.817.155, F.S.	n submitted in a	
	Required Signature/Incorporator		_e/10	Date	