

P120000071653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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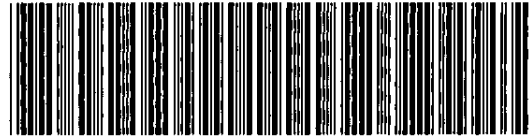
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/21/12

COVER LETTER

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

SUBJECT: **ZEETKOM CORPORATION**

(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: **LAIDEL MARTINEZ**

Name (Printed or typed)

15655 SW 82 CIR LN, APT 51

Address

MIAMI, FL 33193

City, State & Zip

786-222-0807

Daytime Telephone number

laideltab@yahoo.es

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 NAME ZEETKOM CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

15655 SW 82 CIR LN, APT 51

MIAMI, FL 33193

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TALLAHASSEE, FLORIDA

Mailing address, if different is:

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAIDEL MARTINEZ (PRESIDENT) Name and Title: _____

Address: 15655 SW 82 CIR LN, APT 51 Address: _____

MIAMI, FL 33193

Name and Title: _____

Address: _____

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: LAIDEL MARTINEZ

Address: 15655 SW 82 CIR LN, APT 51

MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAIDEL MARTINEZ

Address: 15655 SW 82 CIR LN, APT 51

MIAMI, FL 33193

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

08/16/2012

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

08/16/2012

Date