

P13000044555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

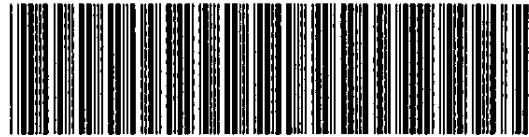
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900248076709

05/20/13--01031--013 \*\*87.50

FILED  
13 MAY 20 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

**SUBJECT: Doozy Creations 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: Schamir Belhomme & Saveez Zoghi**

Name (Printed or typed)

**7415 Lago De Oro B1**

Address

**Orlando, FL 32822**

City, State & Zip

**4074031519 or 3053360188**

Daytime Telephone number

**corporate@doozycreations.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)

**ARTICLE I NAME**

The name of the corporation shall be: Doozy Creations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7415 Lago De Oro

B1

Orlando, FL 32822

Mailing address, if different is:

13 MAY 20 PM 4: 27  
CLERK OF STATE  
TALLAHASSEE 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: 100

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

Name and Title: Schamir Belhomme, co-owner

Address 7415 Lago De Oro

B1

Orlando, FL 32822

Name and Title: Saveez Zoghi, co-owner

Address: 7415 Lago De Oro

B1

Orlando, FL 32822

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: \_\_\_\_\_ Name and Title: 13 MAY 20 PM 4: 27  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: Saveez Zoghi  
Address: 7415 Lago De Oro B1  
Orlando, FL 32822

**ARTICLE VII INCORPORATOR**

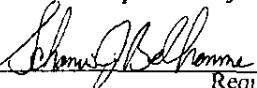
The **name and address** of the Incorporator is:

Name: Schamir Belhomme  
Address: 7415 Lago De Oro B1  
Orlando, FL 32822

*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*

 5/14/13  
Required Signature/Registered Agent 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.*

 5/14/13  
Required Signature/Incorporator Date