

P/300085198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

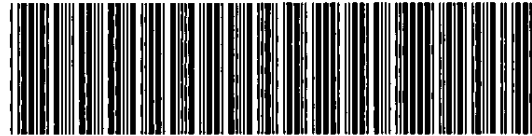
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/15/13--01041--004 **70.00

13 OCT 15 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Handwritten signature]
10/17/13

Chamwattee Ali
KNZ Brokers, Inc.
9174 Delemar Court,
Wellington, FL 33414
Phone 561-293-2424

October 10, 2013

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

Dear Sir/Madam,

Reference KNZ BROKERS, INC. document # P08000067524, we will not reinstate this corporation.
Please accept our apologies for this inconvenience.

We would request to form a new corporation with the same name: KNZ Brokers, Inc.
Please see attached our paperwork and the check for \$70 filing fees.

Please feel free to call us at 561-293-2424 or email us at imran@knzbrokers.com.

Thank you very much in advance for your help.

Best Regards,



Chamwattee Ali

COVER LETTER

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

SUBJECT: **KNZ Brokers, 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: **Chamwattee Ali**

Name (Printed or typed)

9174 Delemar Court

Address

Wellington, FL 33414

City, State & Zip

561-293-2424

Daytime Telephone number

imran@knzbrokers.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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT 15 PM 2:35

ARTICLE I NAME
The name of the corporation shall be: KNZ Brokers, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

9174 Delemar Court

Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chamwattee Ali Vice President

Name and Title: _____

Address 9174 Delemar Court

Address: _____

Wellington, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Chamwattee Ali
Address: 9174 Delemar Court
Wellington, FI 33414

ARTICLE VII INCORPORATOR

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

Name: Chamwattee Ali
Address: 9174 Delemar Court
Wellington, FI 33414

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

<u>Chamwattee Ali</u>	<u>10-10-13</u>
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.

<u>Chamwattee Ali</u>	<u>10-10-13</u>
Required Signature/Incorporator	Date