

PI4000021864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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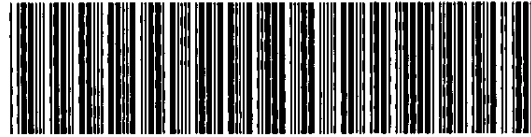
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR 10 PM 2:02
CLERK OF COURT
JANUARY 1, 2014
STATE OF FLORIDA

mid 3/11

COVER LETTER

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

SUBJECT: Zedon Investment 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gabor Peter Kocsis

Name (Printed or typed)

1504 Bay Road #2703

Address

Miami Beach, FL 33139

City, State & Zip

786-614-9973

Daytime Telephone number

gabe@zedoninvestment.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: Zedon Investment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17200 NW 2nd Court Suite K

Miami, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized and will be
operated for investment purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabor Peter Kocsis; Director

Name and Title: _____

Address 1504 Bay Road #2703

Address: _____

Miami Beach, FL 33139

Name and Title: Brigitta Kocsis; Creative Director

Name and Title: _____

Address 1504 Bay Road #2703

Address: _____

Miami Beach, FL 33139

Name and Title: Taimur Khan; Officer

Name and Title: _____

Address 470 SW 101 Ave.

Address: _____

Plantation, FL 33324

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: Gabor Peter Kocsis

Address: 1504 Bay Rd. #2703

Miami Beach, FI 33139

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STATE OF FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Gabor Peter Kocsis

Address: 1504 Bay Rd. #2703

Miami Beach, FI 33139

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

12-27-13.

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

12-27-13.

Date