

P/4000078667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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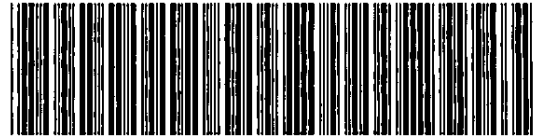
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 09/23/14

COVER LETTER

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

SUBJECT: **MiZONE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **MiZONE, Inc.**

Name (Printed or typed)

1001 North Federal Highway Suite #102

Address

Hallandale, FL. 33009

City, State & Zip

(786) 282 - 8426

Daytime Telephone number

karina15vakhovsky@yahoo.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: MiZONE, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1001 North Federal Highway
Suite #102
Hallandale, FL. 33180

Mailing address, if different is:

3350 NE 192nd Street
Apt #B3J
Miami, FL. 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Social Networking

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karina Vakhovsky, President

Name and Title: _____

Address 3350 NE 192nd Street

Address: _____

Apt#B3J

Miami, FL. 33180

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(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: Karina Vakhovsky, President
Address: 3350 NE 192nd St. Apt #B3J
Miami, FL. 33180


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

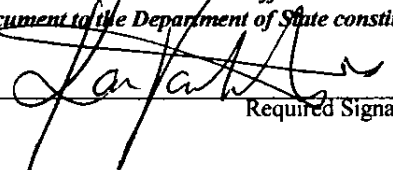
Name: Karina Vakhovsky, President
Address: 3350 NE 192nd St. Apt #B3J
Miami, FL. 33180

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TALLAHASSEE, FLORIDA

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

 9/17/14
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.

 9/17/14
Required Signature/Incorporator Date