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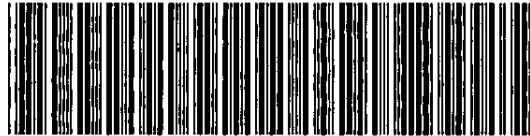
(Business Entity Name)

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TALLAHASSEE FLORIDA

COVER LETTER

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

TRAFFIC ZONE, INC.

SUBJECT: _____
(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: _____
LILIANA ARIAS, TREASURER
Name (Printed or typed)
14970 SW 82 nd LANE # 204
Address
MIAMI, FLORIDA 33193
City, State & Zip
305 300 8473
Daytime Telephone number
ARIASLY1024@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: **TRAFFIC ZONE, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14970 SW 82nd LANE # 204 MIAMI, FLORIDA 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TRAFFIC SCHOOL EDUCATION BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES (\$1.00 PER SHARE)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LILIANA ARIAS, PRESIDENT TREASURER**

Address **14970 SW 82nd LANE # 204 MIAMI, FLORIDA 33193**

Name and Title: **CHRISTIAN MARCHANDAT, SECRETARY**

Address **14970 SW 82nd LANE # 204 MIAMI, FLORIDA 33193**

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: LILIANA ARIAS, REGISTERED AGENT

Address: 14970 SW 82nd LANE # 204 MIAMI, FLORIDA 33193

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LILIANA ARIAS

Address: 14970 SW 82nd LANE # 204 MIAMI, FLORIDA 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

1-7-15

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

1-7-15

Date