

P 150000336183

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000033618 3)))



H150000336183.BC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB -9 PM 12: 28

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
WMZ ENTERPRISES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB -9 PM 3: 55

RECEIVED

g 2/10/15

H150000336 18
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

15 FEB -9 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

WMZ ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3841 W. HILLSBORO BLVD

APT A-209

COCONUT CREEK FL 33073

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

WILSON ZORRILLA (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

WILSON ZORRILLA

3841 W. HILLSBORO BLVD APT A-209

COCONUT CREEK FL 33073

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

WILSON ZORRILLA

3841 W. HILLSBORO BLVD APT A-209

COCONUT CREEK FL 33073

H150000336 18

H150000336 18

Required Signatures:

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

x [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.

[Signature]

Incorporator Date

FILED
15 FEB -9 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150000336 18