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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

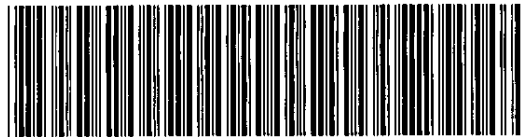
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SUFFICIENCY OF FILING

15 JUN - 1 PM 4:19

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

15 JUN - 1 AM 8:01

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COVER LETTER

WALK IN

ENTITY NAME: CONZA CAPITAL CORP.

CK # 1728

AMOUNT: 87.50

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY + cert. of status ***

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

COVER LETTER

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

SUBJECT: Conza Capital Corp.

(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: Law Offices of Henry E. Green

Name (Printed or typed)

1050 Franklin Avenue, Suite 402

Address

Garden City, New York 11530

City, State & Zip

516 742-0615

Daytime Telephone number

hegesq@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: Conza Capital Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

450 Alton Road, Apt. 4002

Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity
for which corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 200 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony P. Conza, Pres.

Name and Title: _____

Address 450 Alton Road, Apt. 4002

Address: _____

Miami Beach, Fl. 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JUN -1 AM 8:01

(cont.)

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: Anthony P. Conza

Address: 450 Alton Road, Apt. 4002

Miami Beach, Fl. 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony P. Conza

Address: 450 Alton Road, Apt. 4002

Miami Beach, Fl. 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

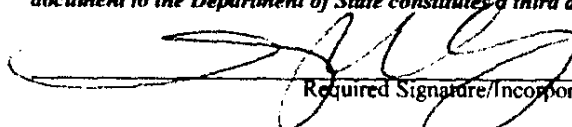


Required Signature/Registered Agent

May 29, 2015

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

May 29, 2015

Date