

P1600005989

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.

(((H16000017706 3)))



H160000177063ABC

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 : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

****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

IAZ Art, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
 16 JAN 21 11:25 PM
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H16000017706

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: IAZ Art, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1039 Michigan AvenueNaples, Florida 34103**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Sale of Art**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Isack Kousnsky, PresidenyName and Title: Shielyn Kousnsky, Vice-PresidentAddress 1039 Michigan AvenueAddress: 1039 Michigan AvenueNaples, Florida 34103Naples, Florida 34103Name and Title: Shielyn Kousnsky, Secretary

Name and Title: _____

Address 1039 Michigan Avenue

Address: _____

Naples, Florida 34103

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
16 JAN 24 AM 11:28
CLERK OF DISTRICT COURT
NAPLES, FLORIDA

H16000017706

H16000017706

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David J. Schottenfeld, Esquire
Address: 7520 NW 5 Street, Suite 203
Plantation, Florida 33317

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Isack Kousnsky
Address: 1039 Michigan Avenue
Naples, Florida 34103

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

David J. Schottenfeld
Required Signature Registered Agent

January 20, 2016

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. 817.133, F.S.

X [Signature]
Required Signature Incorporator

January 20, 2016

Date

H16000017706