

P 16000018329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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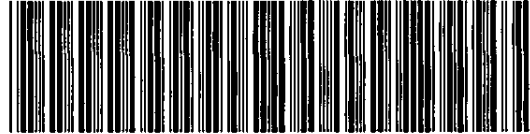
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/13/16 010145-006 **70.00

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16 FEB 19 PM 1:52
CLERK OF COURT
JANUARY 16, 2016

cf 2/29/16

COVER LETTER

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

SUBJECT: MERZ JZ INVESTMENT 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
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: MARGARITA GONZALEZ
Name (Printed or typed)

2900 N 26TH Ave Unit 213
Address

Hollywood FL 33020
City, State & Zip

305 469 2498
Daytime Telephone number

MARIVAN 1331 C gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MZ R Z J Z INVESTMENT INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

615 EAST 29 ST
HALEAH FL 33013

Mailing address, if different is:

STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGE INVESTMENT
PROPERTIES AND OR LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANTA M. SOQUIER Name and Title: PVT

Address: 615 EAST 29 ST Address: _____

HALEAH FL

33013

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: SANTA M SOQUIER
Address: 615 EAST 29 ST
HALEAH FL 33013

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SANTA M SOQUIER
Address: 615 EAST 29 ST
HALEAH FL 33013

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ALL DOCUMENTS MUST BE
FILED WITH THE
DEPARTMENT OF STATE


ARTICLE VIII EFFECTIVE DATE:

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

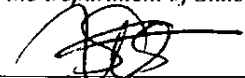
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

X  2/15/16
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.

X  2/15/16
Required Signature/Incorporator Date