710000029575

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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16 HAR 28 PH 4: 24 VANASSEE PLORIDA

COVER LETTER

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

SUBJECT:	Zackman Inc. (PROPOSED CORPORA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Name	(**************************************	
	33348 In	address	
	Lees bu & City,	<i>FL</i> . 34788 State & Zip	
	352-989-70 Daytime Te	20/ elephone number	···
	Fick costs 76Q.	amail.com	otification)

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)

ARIICLE I NAME The name of the corporat	ion shall be: Zackmo	w. Inc.			
ARTICLE II PRINCIPAL OFFICE Principal street address 33348 Icons a le D		Mailing	Mailing address, if different is:		
Lousburg	F1				
	748				
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:				
- Private Multon	Contracting in	Zoll Life Vasi	t,		
			15 MAR		
ARTICLE IV SHARE The number of shares of s	<u>'S</u> stock is:		R 28 PH 4: 25		
	LOFFICERS AND/OR DIRECTO Rick Smith Pa		,		
	33348 Imagate				
	Leisburg F1. 34788				
Name and Title	3(12)				
Address					
Address		Address:			
•		-			

Name and T	îtle:	Name and Title:	
Address		Address:	
	<i>GISTERED AGENT</i> da street address (P.O. Box NOT acceptable) e	of the registered agent is:	
Name:	Rich Smile	-	
Address:	33348 Zangale Dr.	<u> </u>	
<u></u>	Leasburg FL. 34788		
ARTICLE VII IN	<u>CORPORATOR</u>		TALL)
The <u>name and addr</u>	ess of the Incorporator is:		
Name:	Rick Smith	_	SSE CO STEE
Address:	33348 Iranget. Dr. Lershor Fl. 34788		PH 4: 2:
	Leaster Fl. 34788	_	LORDA 4:25
(If an effective date days after the filing Note: If the date ins	er than the date of filing: 3(23//6 is listed, the date must be specific and cann	ot be more than five busin e statutory filing requiremen	ess days prior or 90 business
Having been named this certificate, I am	as registered agent to accept service of proces familiar with and accept the appointment as re	s for the above stated corportions stated corports for the agent and agree to	act in this capacity
	Required Signature/Registered Agent		
	ent and affirm that the facts stated herein are		
document to the Dep	partment of State constitutes a third degree felo	ny as provided for in s.817.	155, F.S.
Required	Signature/Incorporator		3/23/16