

PI6000041746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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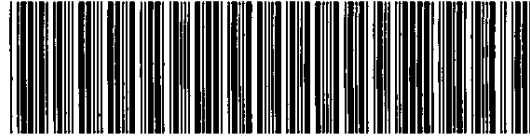
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 22 AM 10:22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2016

AURELIA RABRE-GARCIA  
9107 NW 169 ST.  
MIAMI, FL 33018

SUBJECT: ZAITEK, INC.  
Ref. Number: W16000031543

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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We have received your document for ZAITEK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 416A00008824

RECEIVED  
16 MAY 12 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ZAITEK, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: AURELIA RABRE-GARCIA  
Name (Printed or typed)

9107 NW 169 ST.  
Address

MIAMI, FL. 33018  
City, State & Zip

305-898-9783  
Daytime Telephone number

aureliarabregarcia@gmail.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:

ZAITEK, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9107 NW 169 ST

MIAMI, FL. 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AURELIA RABRE-GARCIA

DIRECTOR

Name and Title:

Address

9107 NW 169 ST.

Address:

MIAMI, FL. 33018

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: AURELIA RABRE-GARCIA

Address: 9107 NW 169 ST.  
MIAMI, FL. 33018

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**ARTICLE VII INCORPORATOR**

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

Name: AURELIA RABRE-GARCIA

Address: 9107 NW 169 ST.  
MIAMI, FL. 33018

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/11/2016 (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*

Aurelia R Garcia  
Required Signature/Registered Agent

4/11/2016  
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.817.155, F.S.*

Aurelia R Garcia  
Required Signature/Incorporator

4/11/2016  
Date