

P16000041746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

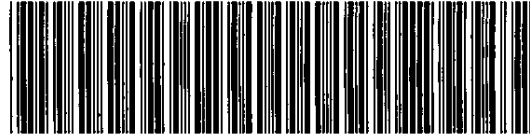
(Business Entity Name)

(Document Number)

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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
16 APR 22 AM 10: 22

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

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

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