P16000055983

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP · WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200286552132

06/20/16--01022--020 **78.75

SECRETARY OF STATE AND SECRETARY OF STATE AND

COVER LETTER

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

SUBJECT: Kizan H	ome Care Inc		
50 5 666	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and onc (1) copy of the ar	ticles of incorporation and	d 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: Ral	ph Zolin Nam	e (Printed or typed)	·····
153	1 Drexel Rd lot 112		
		Address	
Wes	st Palm Beach, FL 33417		
	City	, State & Zip	
561	351 6625		
	Daytime 1	Telephone number	
kiza	nnıni@gmail.com		
	E-mail address: (to be use	d 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)

RTICLE II PRIN	<u>CIPAL OFFICE</u>		
alph L Zolin	Principal street address	Mailing add	lress, if different is:
531 Drexel Rd lot 11	2		
est Palm Beach, FL	33417		
RTICLE III PURP ne purpose for which	OSE the corporation is organized is:	dertake any lawful business	
			78
		· · · · · · · · · · · · · · · · · · ·	59 =
			HASSES
			2. 2U
RTICLE IV SHAR ne number of shares of	ES 100,000 Stock is:	THE COLUMN TOTAL SEASON SERVICE.	
ne number of shares of	Stock is: AL OFFICERS AND/OR DIRECTOR Palph Zolin, President	<u>s</u>	\$\frac{1}{2}\tag{1}
ne number of shares of	Stock is: AL OFFICERS AND/OR DIRECTOR Palph Zolin, President		\$\frac{1}{2}\tag{1}
ne number of shares of RTICLE V INITL Name and Titl	Stock is: AL OFFICERS AND/OR DIRECTOR Ralph Zolin, President e:	Name and Title:	\$\frac{1}{2}\tag{1}
ne number of shares of RTICLE V INITL Name and Titl	Stock is: AL OFFICERS AND/OR DIRECTOR Ralph Zolin, President 1531 Drexel Rd.	Name and Title:	\$\frac{1}{2}\tag{1}
RTICLE V INITL Name and Titl Address	Stock is: AL OFFICERS AND/OR DIRECTOR Ralph Zolin, President 1531 Drexel Rd. lot 112	Name and Title: Address:	
RTICLE V INITL Name and Titl Address	AL OFFICERS AND/OR DIRECTOR Ralph Zolin, President e: 1531 Drexel Rd. lot 112 West Palm Beach, FL 33417	Name and Title:	
RTICLE V INITL Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTOR Ralph Zolin, President 1531 Drexel Rd. lot 112 West Palm Beach, FL 33417	Name and Title: Address: Name and Title: Address:	
RTICLE V INITL Name and Titl Address Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Ralph Zolin, President 1531 Drexel Rd. lot 112 West Palm Beach, FL 33417	Name and Title: Address: Name and Title: Address:	
RTICLE V INITL Name and Titl Address Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Ralph Zolin, President 1531 Drexel Rd. lot 112 West Palm Beach, FL 33417	Name and Title: Address: Name and Title: Name and Title: Name and Title:	

Name ar	nd Title:	Name and Title:	
Address	S	Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ralph Zolin		
Address:	1531 Drexel Rd lot 112		
	West Palm Beach, FL 33417		TAL
ARTICLE VII	<u>INCORPORATOR</u>		JUH 20 CRETARY
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Ralph Zolin		
Address:	1531 Drexel Rd lot 112		9:20
	West Palm Beach, FL 33417		7-
Effective date, if (If an effective days after the f	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can iling.) e inserted in this block does not meet the applicable effective date on the Department of State's record	not be more than five business da	
Having been na this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation registered agent and agree to act in	at the place designated in this capacity
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fe		
	1~~~~		(115/6
Requ	uired Signature/Incorporator		Date

Date of this notice: 06-14-2016

Employer Identification Number:

81-2935168

Form: SS-4

Number of this notice: CP 575 A

KIZAN HOME CARE INC % RALPH ZOLIN 1531 DREXEL RD LOT 112 WEST PALM BCH, FL 33417

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2935168. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form	941	10/31/2016
Form	940	01/31/2017
Form	1120	03/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is KIZA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 06-14-2016 KIZA B 999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-14-2016 () -

EMPLOYER IDENTIFICATION NUMBER: 81-2935168

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 titulililididedidididhallisishibidididid

KIZAN HOME CARE INC % RALPH ZOLIN 1531 DREXEL RD LOT 112 WEST PALM BCH, FL 33417