

P160000 70037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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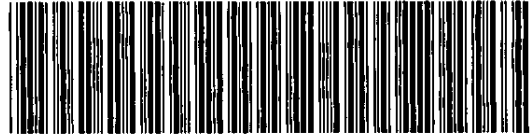
(Business Entity Name)

(Document Number)

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2016 JUL 18 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2016

BIBI SHELIZA ALLI  
3520 OAKS WAY, APT 705  
POMPANO BEACH, FL 33069

SUBJECT: Z-VISTA SOLUTIONS CORP.  
Ref. Number: W16000055053

2016 JUL 18 PM 4:44  
SECRETARY OF CORP.  
TALLAHASSEE, FLORIDA

We have received your document for Z-VISTA SOLUTIONS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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: 616A00016752

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16 AUG 22 PM 4:22

TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Z-Vista Solutions Corp.

(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:** Bibi Sheliza Alli

\_\_\_\_\_  
Name (Printed or typed)

3520 Oaks Way, Apt 705

\_\_\_\_\_  
Address

Pompano Beach, FL 33069

\_\_\_\_\_  
City, State & Zip

954-417-5906

\_\_\_\_\_  
Daytime Telephone number

sales@zvistasolutions.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: Z-Vista Solutions Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Bibi Sheliza Alli

Same

3520 Oaks Way, Apt 705, Pompano Beach, FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Engage in any lawful activity permitted in Florida State.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Bibi Sheliza Alli

Name and Title: Zeana Alli

Address: 3520 Oaks Way, Apt 705

Address: 118 Willard Ave

Pompano Beach, FL 33069

Farmingdale, NY 11735

BSA

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2016 JUL 18 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Bibi Sheliza Alli \_\_\_\_\_

Address: 3520 Oaks Way, Apt 705 \_\_\_\_\_

Pompano Beach, FL 33069 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Bibi Sheliza Alli \_\_\_\_\_

Address: 3520 Oaks Way, Apt 705 \_\_\_\_\_

Pompano Beach, FL 33069 \_\_\_\_\_

**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*

*Bibi Sheliza Alli* \_\_\_\_\_

Required Signature/Registered Agent

*8-1-16* \_\_\_\_\_  
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.*

*Bibi Sheliza Alli* \_\_\_\_\_

Required Signature/Incorporator

*7-13-16* \_\_\_\_\_  
Date