

P16000082933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

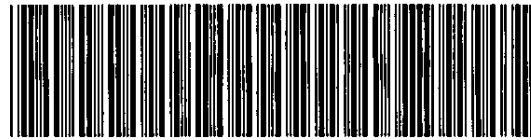
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600290292816

10/12/16--01006--006 \*\*78.75

FILED  
2016 OCT 12 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING

OCT 13 2016

## COVER LETTER

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

SUBJECT: Zotheka, 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: Marchelle Rachel  
Name (Printed or typed)  
1411 Cortez Ave  
Address  
Lehigh Acres, Florida 33972  
City, State & Zip  
754-234-5319  
Daytime Telephone number  
jahsenmicom@hotmail.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)

FILED

2016 OCT 12 PM 4:20

**ARTICLE I NAME**

The name of the corporation shall be: Zotheka, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

1411 Cortez Ave

Lehigh Acres, Florida 33972

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all Lawful

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

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

Name and Title: Marchelle Rachel, President

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

Address 1411 Cortez Ave

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

Lehigh Acres, Florida 33972

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

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

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

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

FILED

2016 OCT 12 PM 4:20

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Marchelle Rachel  
Address: 1411 Cortez Ave  
Lehigh Acres, Florida 33972

**ARTICLE VII INCORPORATOR**

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

Name: Marchelle Rachel  
Address: 1411 Cortez Ave  
Lehigh Acres, Florida 33972

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/01/2016 (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*

X M Rachel

Required Signature/Registered Agent

X 10/01/2016  
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.*

X M Rachel

Required Signature/Incorporator

X 10/01/2016  
Date