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16 OCT 20 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

yes 10/24/16

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: ZMCR SERVICES, INC

16 OCT 20 PM 4:21

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

14510 Ocean Bluff Dr

Fort Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and All Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY B. ROBIN, PRESIDENT

Address 14510 Ocean Bluff Dr

Fort Myers, FL 33908

Name and Title: MARY ANN A. ROBIN, V. PRES

Address: 14510 Ocean Bluff Dr

Fort Myers, FL 33908

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: JEFFREY B. ROBIN, PRESIDENT
Address: 14510 Ocean Bluff Dr
Fort Myers, FL 33908

16 OCT 20 PM 4:21
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JEFFREY B. ROBIN, PRESIDENT
Address: 14510 Ocean Bluff Dr
Fort Myers, FL 33908

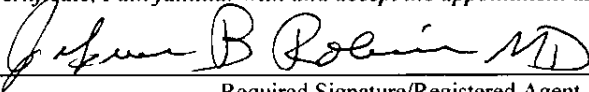
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2016. (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.)

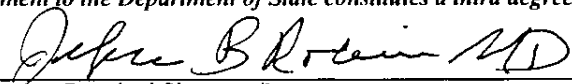
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

10/15/2016
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.


Required Signature/Incorporator

10/15/2016
Date