Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000553343)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION M. MAZZA WI & SONS, INC.

Certificate of Status	11
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://etile.sunbiz.org/scrlpts/efilcovt.exe

CORP USA

90:41 2102/72/20 302233888 ne2/2/1/17

PAGE 01/04





COVER LETTER

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

SUBJECT: M. MA	ZZAWI & SONS, INC.		
30B)EC1	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	HOMAS G. SHERMAN, P.A.	e (Printed or typed)	
. 90	ALMERIA AVENUE		
		Address	
cc	DRAL GABLES, FL 33134		
	City,	State & Zip	<u> </u>
30	5-448-5898 EXT. 201		
	Daytime T	elephone number	
GF	yska@uniontitleservices.	COM	
'	B-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)

name of the corpo			
ICLE II PRIN	<u> CIPAL OFFICE </u> Principal <u>street</u> address	Mailing ad	dress, if different is:
1822 SW 123rd Terrace Miami, FL 33176		8822 SW 123rd Terrace Miami, FL 33176	
ICLE III PURI purpose for which	POSE RESTUARA	NT AND MARKET AND	LEGAL PURPOSES
			7
			£
			75. 3
· · · · · · · · · · · · · · · · · · ·			- T
TCLE IV SHAL	f stock is:		0,5
number of shares of	f stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title	'3-≯
number of shares of TCLE V INIT: Name and Tit	AL OFFICERS AND/OR DIRECTORS le: 9822 SW 123 Terrors		'3-≯
number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS		'3-≯
number of shares of TCLE V INIT: Name and Tit	AL OFFICERS AND/OR DIRECTORS Moneon Mazzawi, President and Director 8822 SW 123 Terrace		'3-≯
number of shares of TCLE V INITA Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Moneon Mazzawi, President and Director 8822 SW 123 Terrace	Address:	, , , , , , , , , , , , , , , , , , ,
number of shares of TCLE V INITA Name and Tit Address	Monem Mazzawi, President and Director 8822 SW 123 Terrace Miami, FL 33176	Address:	, , , , , , , , , , , , , , , , , , ,
number of shares of richards of richards of richards and Title Name and Title Nam	Monem Mazzawi, President and Director 8822 SW 123 Terrace Miami, FL 33176	Address:	, , , , , , , , , , , , , , , , , , ,
number of shares of richards of richards of richards and Title Name and Title Nam	Monem Mazzawi, President and Director 8822 SW 123 Terrace Miami, FL 33176	Address:	, , , , , , , , , , , , , , , , , , ,
Name and Titl Address Name and Titl Address	Monem Mazzawi, President and Director 8822 SW 123 Terrace Miami, FL 33176	Address: Name and Title: Address:	
Name and Titl Address Name and Titl Address	Monem Mazzawi, President and Director 8822 SW 123 Terrace Miami, FL 33176	Address: Name and Title: Address:	

05/27/2017 17:06 3056339696

Name a	nd Title:	Name and Title:
Addres	· · · · · · · · · · · · · · · · · · ·	Address:
ARTICLE VI The name and F	REGISTERED AGENT Norlda street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name:	Thomas G. Sherman, Esq.	
Address:	90 Almeria Avenus	=
	Coral Gables, FL 33134	TEB27 M 9: 34
		22
ARTICLE VII	INCORPORATOR	885 3
The name and ac	ddress of the Incorporator is:	2 F 1 9:
Name:	Thomas G. Sherman, P.A.	
Address:	90 Almeria Aveue	<u> </u>
	Coral Gables, FL 33134	
ARTICLE VIII	<u>RFFECTIVE DATE:</u>	
Effective date, if	other than the date of filing:	(OPTIONAL)
(it an effective of	ate is listed, the date must be spacific an	d cannot be more than five days prior or 90 days after the
Note: If the date the document's ci	inserted in this block does not meet the ap ffective date on the Department of State's a	plicable statutory filing requirements, this date will not be listed as ecords.
Having been nan this certificate, I t	ned as registered agent to accept septice of am fumiliar with and accept the appointing	process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
	- 190e	2/24/17
Funk, Water	Required Signature/Registered Ag	
s summer this docu document to the L	ument and approx that the facts stated her Department of State gospitantes a third degr	ein are true. I am aware that the faise information submitted in a ce felony as provided for in s.817.155, F.S.
	Val	2/04/91
Requir	red Signature/incorporator	Date

9696889908 90:21 2102/22/20