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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

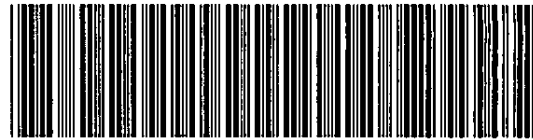
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/15/17--01032--008 \*\*70.00

17 MAY 15 PM 5:08  
CLERK  
MAY 15 2017

M. MOON  
MAY 15 2017

**MICHAEL A. O'BRIEN, P.A.**  
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET  
ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484  
FAX: (561) 880-8206  
EMAIL: blackbar@earthlink.net

May 12, 2017

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

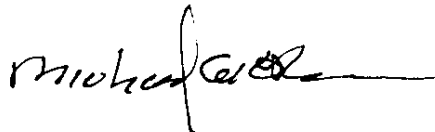
Re: Zazen Business Strategies, Inc. / Articles of Incorporation

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Incorporation for Zazen Business Strategies, Inc.. A check for the filing fee in the amount of \$70.00 is also enclosed.

Thank you for your assistance in this matter. In the event that there is some issue with regard to the establishment of this corporation, I would request that you contact me in order to resolve the matter.

Sincerely,



Michael A. O'Brien

MOB/abg  
Enclosures

17 MAY 15 PM 5:03

## COVER LETTER

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

**SUBJECT:** Zazen Business Strategies, 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  
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:** Adam Schwartz

Name (Printed or typed)

1625 Margate Ave.

Address

Orlando, Florida 32803

City, State & Zip

407-488-9412

Daytime Telephone number

adamschwartz1@outlook.com

E-mail address: (to be used for future annual report notification)

SEC. 5  
17 MAY 15 PM 5:08

**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: Zazen Business Strategies, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1625 Margate Ave.

Orlando, Florida 32803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide consulting services and all other legal purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Adam Schwartz, President

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

Address 1625 Margate Ave.

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

Orlando, Florida 32803

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

17 MAY 14 PM 5:03

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: Adam Schwartz \_\_\_\_\_

Address: 1625 Margate Ave. \_\_\_\_\_

Orlando, Florida 32803 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Adam Schwartz \_\_\_\_\_

Address: 1625 Margate Ave. \_\_\_\_\_

Orlando, Florida 32803 \_\_\_\_\_

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SEP 11 11:25 AM '15

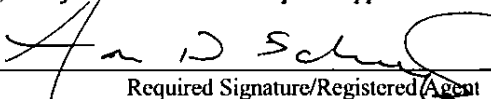
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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

5-12-17  
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

5-12-17  
Date