

P17000073243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

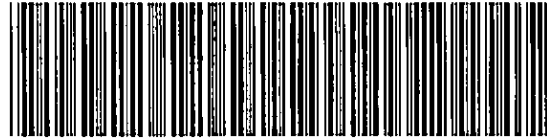
(Business Entity Name)

(Document Number)

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

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08/31/17--01013--007 \*\*78.75

17 AUG 31 AM 11:30  
STATE  
FALL VILLAGE FLORIDA

DATE 08/26/17

09/01/17

## COVER LETTER

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

**SUBJECT:** ZehnRing Solutions, 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:** Angelo Campana

Name (Printed or typed)

145 Olive Tree Circle

Address

Altamonte Springs, FL 32714

City, State & Zip

321-214-0025

Daytime Telephone number

zehnring@gmail.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: ZehnRing Solutions, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

145 Olive Tree Circle

Altamonte Springs, FL 32714

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Technical Support / Consultation for the Diagnosis and Repair of

European Automobiles on hourly, and job specifics. Technical Development, Support and Repair for European Diagnostic

Software Systems. Website Designer for Automotive Websites on contractual, and hourly basis. Consultant on specialized

tooling for the repair of European Automobiles on contractual and hourly basis.

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angelo Campana / President

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

Address 145 Olive Tree Circle

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

Altamonte Springs, FL 32714

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

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

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

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

17 AUG 31 AM 11:30  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-11-2010 BY 60322

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: Angelo Campana  
Address: 145 Olive Tree Circle  
Altamonte Springs, FL 32714

**ARTICLE VII INCORPORATOR**

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

Name: Angelo Campana  
Address: 145 Olive Tree Circle  
Altamonte Springs, FL 32714

FILED  
17 AUG 31 AM 11:30  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/26/2017 (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.)

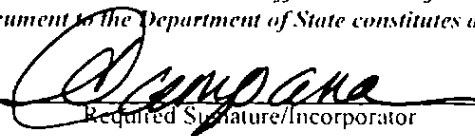
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/26/2017  
\_\_\_\_\_  
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

8/26/2017  
\_\_\_\_\_  
Date