## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000234566 3)))



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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017

Phone : (800)345-4647 : (800) 432-3622 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION LAYZE ENTERPRISES, INC.

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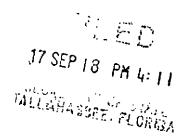
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Electronic Filing Menu Corporate Filing Menu

Help

Taylor Seay 800-432-3622





September 6, 2017

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

CAPITOL SERVICES

SUBJECT: LAYZE ENTERPRISES, INC.

REP: W17000072629

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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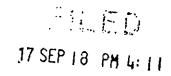
Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H17000234566 Letter Number: 917A00018348

## **COVER LETTER**

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

	(PROPOSED CORPORA	VIE NAME – <u>MUST INCL</u>	UDE SUPPLY
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	d a check for:
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	XI \$78.75 Filing Fee & Cartified Copy	☐ \$87.50 Filing Foe, Certified Copy & Certificate of
		ADDITIONAL CO	Status SPY REQUIRED
	B Rockledge Boad	e (Printed or typed) Address	
Ry	e, New York 10580	, State & Zip	
	14) 319-8053	elephone number	
<u>_ me</u>	walsbarg@mawelsbarg.com E-mail address: (to be use	sulting.com d for future annual report :	actification)

NOTE: Please provide the original and one copy of the articles.



TALLAHASSEE, FLORIDA ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE		
_	Principal street address		Mailing address, if different is
355 NW 36th	Street		
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irginia Gar	dena, FIA 33167		<del></del>
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Name and	Title:	Name and Title:			
Address		Address:			
	EGISTERED AGENT	A - tour a t			
The Hume and Pio	ride street address (P.O. Box NOT acceptable) of	me regustered agent is;			
Name:	Ricardo Abogd				
Address:	6355 NW 36th Street				
	Suite 310, Virginia Gardens FLA	33167			
ARTICLE VII 1/	CORPORATOR				
The name and add	ress of the Inverporator is:				
Name:	Martin Weisberg				
Address:	18 Rockledge Road				
	Rye, New York 10580				
	SPFECTIVE DATE:	(OPTIONAL)			
Effective date, if other than the date of filing.  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 30 days after the filing.)					
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's affective 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 put familiar with and accept the appointment as registered agent and agree to act in this capacity					
1 coulé	Aboto d Required Signature/Registered Agent	9/18/2017-			
I submit this document and affirm that the facts stated herein are true. I am aware that the faire information submitted in a document to the Department of State constitutes a third degree felosy as provided for in ±817.155, F.S.					
Marking	d Signature Incorporator	9/12/2017			