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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
TMZ Holdings Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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OCT 09 2017

COVER LETTER

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

SUBJECT: TMZ Holdings 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:** Elisavet Zachou

Name (Printed or typed)

5601 Lake Griffin Rd.

Address

Lady Lake FL 32159

City, State & Zip

(407) 360-3560

Daytime Telephone number

elisavetzachou@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 NAMEThe name of the corporation shall be: TMZ Holdings Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

5601 Lake Griffin Rd.Lady Lake FL 32159**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Holding Co.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Elisavet Zachou

Name and Title: _____

Address: 6817 Fairfax Rd.

Address: _____

APT 233Bethesda MD 20814

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C.T. Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Elisavet Zachou
Address: 6817 Fairfax Rd, Apt 233
Bethesda, MD 20814

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: Oct 1, 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:

By: Kimberly Steinmetz Kimberly Steinmetz 10/04/2017
C.T. Corporation System Vice President and Assistant Secretary
Required Signature/Registered Agent 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.

[Signature]
Required Signature/Incorporator

10/2/2017
Date