

P19000020210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

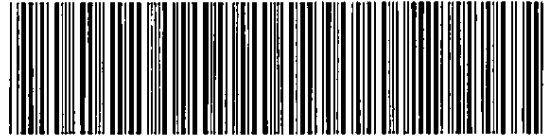
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

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19 MAR 11 PM 4:5

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2019 MAR 11 PM 3:33

CLERK OF SUPERIOR COURT  
CLERK'S OFFICE

B 3/11/19

## COVER LETTER

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

SUBJECT:

AZON, HN Company,

(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:

Angel Arnel Vasquez

Name (Printed or typed)

2223 Keith St.

Address

Tallahassee Florida 32310

City, State & Zip

(850) 228-1872

Daytime Telephone number

angelcastle89@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: Azon, Inc. Company.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2223 Keith. St.  
Tallahassee Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Remolding, Repair,  
Renovation,

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anael Castillo D  
Address: 2223 Keith. St  
Tallahassee Flo. 32310

Name and Title: Yossvar Castillo D  
Address: 2223 Keith. St  
Tallahassee Flo. 32310

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

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

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

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

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

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

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

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

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2019 MAR 11 PM 3:33  
CLERK OF STATE  
TALLAHASSEE FL 32310

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: Angel Castillo  
Address: 2223 Keith St. Tallahassee  
Florida 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yossuar Castillo  
Address: 2223 Keith St.  
Tallahassee Fla, 32310

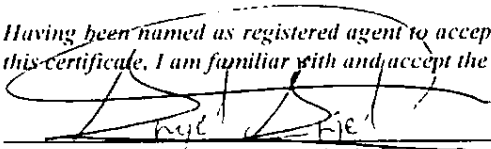
**ARTICLE VIII EFFECTIVE DATE:**

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

03/11/2019  
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.*

Yossuar Castillo  
Required Signature/Incorporator

03/11/2019  
Date