1/8/2020 Division of Corporations

P20000001598

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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From:
Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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
IZ EXPERT 86 INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

RECEIVED
2020 JAN -8 AM 11:30
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

Electronic Filing Menu Corporate Filing Menu Help

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: IZ EXPERT 86 INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3033 HARWOOD D
DEERFIELD BEACH, FL 33442

Mailing address, if different is:

3033 HARWOOD D
DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: INNA ZALESSKAYA, PRESIDENT
Address: 3033 HARWOOD D
DEERFIELD BEACH, FL 33442

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: INNA ZALESSKAYA

Address: 3033 HARWOOD D

DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATOR

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

Name: INNA ZALESSKAYA

Address: 3033 HARWOOD D

DEERFIELD BEACH, FL 33442

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

Zalesskaya 01/07/2020

(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.

Zalesskaya 01/07/2020

(Required Signature/Incorporator) (Date)