

1/17/2020

**P20000003247**  
 Division of Corporations  
 Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
 Fax Number : (850)617-6381

Account Name : ALEX PINA CO.  
 Account Number : I20190000095  
 Phone : (844)941-1120  
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 COMMERCIAL SERVICES

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Zalu Corp**

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 TALLAHASSEE, FL

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

ARTICLE I NAME  
The name of the corporation shall be: Zalu Corp

## ARTICLE II    PRINCIPAL OFFICE

Principal street address  
489 Las Cortes Ln Apt 101

489 Las Cortes Ln Apt 101

Mailing address, if different is:

Orlando, FL 32824

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business.

#### ARTICLE IV   SHARES

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Zairen Y Naveda Bastidas - President

Name and Title: Luis A Urdaneta - Vice President

Address 489 Las Cortes Ln Apt 101

Address: 489 Las Cortes Ln Apt 101

Orlando, FL 32824

Orlando, FL 32824

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina co.  
Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Zalren Y Naveda Bastidas  
Address: 489 Las Cortes Ln Apt 101  
Orlando, FL 32824

**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  
01 / 15 / 2020  
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  
01 / 17 / 2020  
Date