

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PEDRO LUZQUINOS  
Account Number : I20170000042  
Phone : (954) 655-0413  
Fax Number : (954) 132-8807

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

Email Address: PLUZQUINOSF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
GRUPO YAZIK INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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JAN 28 2020

R. SCOTT

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RECEIVED

REGISTRATION  
COMMERCIAL  
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**COVER LETTER**

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

**SUBJECT:** GRUPO YAZIK 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:** NOIIRA ZAKIA, DAVID

Name (Printed or typed)

1969 NW 4TH AVE

Address

MIAMI, FL 33136

City, State &amp; Zip

(305) 904-7070

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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**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: GRUPO YAZIK INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1969 NW 4TH AVE

MIAMI, FL 33136

**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: 100 SHARES

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

Name and Title: NOHRA ZAKIA, DAVID (P)

Name and Title:

Address: 1969 NW 4TH AVE

Address:

MIAMI, FL 33136

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: NOHRA ZAKIA, DAVID  
Address: 1969 NW 4TH AVE  
MIAMI, FL 33136

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: NOHRA ZAKIA, DAVID  
Address: 1969 NW 4TH AVE  
MIAMI, FL 33136

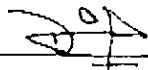
**ARTICLE VIII EFFECTIVE DATE:**

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

01/27/2020

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

01/27/2020

Date

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