

P2000008645

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(Business Entity Name)

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20 JAN 31 PM 4:04

2020 JAN 31 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 159101 109203A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 31, 2020

ORDER TIME : 1:58 PM

ORDER NO. : 159101-005

CUSTOMER NO: 109203A

DOMESTIC FILING

NAME: KIZZY GROUP, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** KIZZY GROUP, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** STEVEN R AMSTER  
\_\_\_\_\_  
Name (Printed or typed)  
  
1000 N HIATUS ROAD SUITE 103  
\_\_\_\_\_  
Address  
  
PEMBROKE PINES, FL 33026  
\_\_\_\_\_  
City, State & Zip  
  
954-771-8277 EXT. 111  
\_\_\_\_\_  
Daytime Telephone number  
  
samster@kodsilawfirm.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: KIZZY GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

111 NE 1st Street, 8th Floor, Suite 1023

Miami, FL 33133

**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: 1000

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

Name and Title: CHRISTOPHER KELLY, PRESIDENT

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

Address 111 NE 1st Street, 8th Floor, Suite 1023

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

Miami, FL 33133

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2020 JAN 31 AM 10:42  
SECRET  
TALLAHASSEE, FL 32309

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: CHRISTOPHER KELLY

Address: 111 NE 1st Street, 8th Floor, Suite 1023

Miami, FL 33133

**ARTICLE VII INCORPORATOR**

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

Name: Christopher Kelly

Address: 111 NE 1st Street, 8th Floor, Suite 1023

Miami, FL 33133

**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*

By: Christopher Kelly

Jan 31, 2020

Required Signature/Registered Agent

Date

CHRISTOPHER KELLY

*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.*

Christopher Kelly

Jan 31, 2020

Required Signature/Incorporator

Date

CHRISTOPHER KELLY