

Division of Corporations

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P200000009604

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 : CONSTRUCTION & ENGINEERING SCHOOL INC.
Account Number : I20170000070
Phone : (305) 226-8727
Fax Number : (305) 226-8767

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION INNOVATE TECH ZONE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2020 FEB -4 AM 7:57
FLORIDA DEPARTMENT OF STATE
20 FEB -4 11:41 AM
FAXED

COVER LETTER

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

SUBJECT: INNOVATE TECH ZONE CORP
(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: LUCIA ESTRELLA
Name (Printed or typed)
8300 WEST FLAGLER ST, SUITE 114
Address
MIAMI, FL 33144
City, State & Zip
(305)226-8727
Daytime Telephone number
LUCIAESTRELLA@BELLSOUTH.NET
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 NAMEThe name of the corporation shall be: INNOVATE TECH ZONE CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

12255 SW 129 CT12255 SW 129 CTMIAMI, FL 33186MIAMI, FL 33186**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

CORPORATE PURPOSE IS "ANY AND ALL LAWFUL BUSINESS"

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GUZMAN, OSCAR ALBERTO - PRES Name and Title: OROPESA, CARMEN CECILIA- VPAddress 12255 SW 129 CTAddress: 12255 SW 129 CTMIAMI, FL 33186MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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: OSCAR ALBERTO GUZMAN
Address: 12255 SW 129 CT
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSCAR ALBERTO GUZMAN
Address: 12255 SW 129 CT
MIAMI, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/03/2020 (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

OG 02/03/2020
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.

OG 02/03/2020
Required Signature/Incorporator Date