

5/23/2020

Division of Corporations

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 : TPBS CORP
 Account Number : I20190000112
 Phone : (786)389-2779
 Fax Number : (305)356-3688

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

Email Address: tpbscorp@tpbsgroup.com

FLORIDA PROFIT/NON PROFIT CORPORATION FIZZED CORP

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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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

The name of the corporation shall be: FIZZED CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
12923 SW 48 ST
MIAMI, FL 33175

Mailing address, if different is:
12923 SW 48 ST
MIAMI, FL 33175

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANAISA C AZCUY PRESIDENT

Name and Title: _____

Address 12923 SW 48 ST
MIAMI, FL 33175

Address: _____

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: ANAISA C. AZCUY
Address: 12923 SW 48 ST
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

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

Name: ANAISA C. AZCUY
Address: 12923 SW 48 ST
MIAMI, FL 33175

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TALLAHASSEE, FL


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 | <u>05/22/20</u> _____ 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 | <u>05/22/20</u> _____ Date |
|---|----------------------------------|

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