## P20 000068223

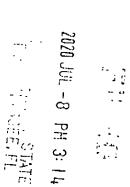
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## COVER LETTER

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

SUBJECT: ZAMANDO COYPO (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 \$\sum \text{\$\$87.55}\$

Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

\$\$ADDITIONAL COPY REQUIRED\$

FROM:	Hra	am Nei	Zam						
				Na	me (Print	ed or typ	oed)		
	3301	30th	st., N						
					Addres	S			
	Saint	Peter	sburg,	FL	33713				
	City, State & Zip								
	Daytime Telephone number								
-	E-mail address: (to be used for future annual report notification)						202		
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								•	<u> -</u> 1

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	on shall be:	ZAMANI	DO C	DY P	_	
ARTICLE II PRINCI	PAL OFFICE Principal street address	N.	lailing address	, if different is:		
3301_30th_St	N					
Saint Petersbu	•					
	<u>SE</u> e corporation is organized is: boxes at the supermark					
ARTICLE IV SHARE The number of shares of s  ARTICLE V INITIAL	S tock is:	·····				
Name and Title:	President ,Hram Zam	Name and Title:	Hram Za	am, Dire	ctor	
Address	3301 30th St . N			h St., N		
_	Saint Petersburg, FL			etersburg		71
Name and Title:_ Address _				2020 JUL - 8 PM	# <del>                                     </del>	
-				3:114 E 774 E 774	10 m	

3

Name and	Title:	Name and Title:			
• Address		Address:			
		<del>-</del>			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:			
Name:	Hram Zam	_			
Address:	3301 30th St., N	_			
	Saint Petersburg, FL 33713	- }			
		-			
<u>ARTICLE VII I</u>	<u>NCORPORATOR</u>				
The <u>name and add</u>	dress of the Incorporator is:				
Name:	Hram Zam	-			
Address:	3301 30th St., N	-			
	Saint Petersburg, FL 3371	3			
Effective date, if of (If an effective datiling.)  Note: If the date in the content of the conte	inserted in this block does not meet the applicable	ot be more than five days prior or 90 days after the estatutory filing requirements, this date will not be listed as			
Having been name	fective date on the Department of State's records.  ed as registered agent to accept service of process formiliar with and accept the appointment as registed.	for the above stated corporation at the place designated in this			
	Required Signature/Registered Agent	Date			
I submit this docu document to the D	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.			
	(W) 2-	07/03/2020			
Required Signatur	e/Incorporator	Date 0			
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		形. <b>P</b>			
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