

P200000080312

(Requestor's Name)

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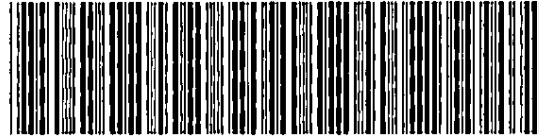
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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OCT 15 2020

N CULLING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Alaiz Consulting, Inc.

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

nature

Requested by: SETH

10/14/20

re

Date

Time

to-In

Will Pick Up

COVER LETTER

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

SUBJECT: Alaiz Consulting, 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: Araceli Bouza-Chow
Name (Printed or typed)

7950 S.W. 94th Street
Address

Miami, FL 33156
City, State & Zip

305-302-5298
Daytime Telephone number

dadelandK1edu@aol.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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SECRETARY OF STATE
TALLAHASSEE, FL

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: Alaiz Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12195 South Dixie Highway

Pinecrest, FL 33156

Mailing address, if different:

7950 S.W. 94th Street

Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own and operate a Kumon Math and Reading Center Franchise and for all other uses incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erika Cabrera, President, Manager and Instructor - 51% owner

Address: 13913 S.W. 90th Avenue,

Apt. B205

Miami, FL 33156

Name and Title: Araceli Bouza-Chow, V.P., Treasurer, Investor/Banker - 49% owner*

Address: 7950 S.W. 94th Street

Miami, FL 33156

* As tenant by the entireties jointly with husband Gee Chow named below.

Name and Title: Gee Chow, Secretary, Asst. Investor/Banker

Address: 7950 S.W. 94th Street

Miami, FL 33156

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jonathan N. David, Esq.
Address: 9500 S. Dadeland Blvd., Suite 600
Miami, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erika Cabrera
Address: 13913 S.W. 90th Avenue,
Apt. B205
Miami, FL 33156

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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

10/15/2020

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.817.15 5, F.S.



Required Signature/Registered Agent

10/15/2020

Date