

# P20000085249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

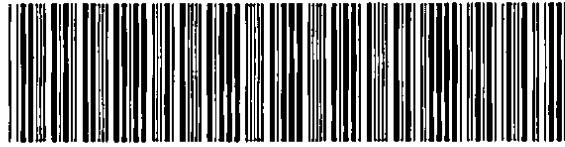
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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10/28/20--01002--005 \*\*70.00

RECEIVED  
2020 OCT 27 PM 3:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 OCT 27 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

N C 1111

OCT 28 2020

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 10/27/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** INC \_\_\_\_\_

**IZL INTERNATIONAL, INC.**

(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: IZL INTERNATIONAL, 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: AMBAR DIAZ  
Name (Printed or typed)

782 NW 42 AVE, SUITE 434  
Address

MIAMI, FL 33126  
City, State & Zip

(305) 476-8100, EXT. 102  
Daytime Telephone number

ADIAZ@ADIAZPA.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: IZL International, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

8532 NW 66 ST  
MIAMI, FL. 33166

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT FROM PRINCIPAL OFFICE, FL

SAME AS PRINCIPAL OFFICE

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: GISLA FERDINAND, DIRECTOR

Address: 8532 NW 66 ST  
MIAMI, FL. 33166

Name and Title: GISLA VERONICA LOPEZ, DIRECTOR

Address: 8532 NW 66 ST  
MIAMI, FL. 33166

Name and Title: CLAUDIA CAROLINA CORTELL, SECRETARY

Address: 8532 NW 66 ST  
MIAMI, FL. 33166

Name and Title: SILVIA M. HATCH, CFO

Address: 8532 NW 66 ST  
MIAMI, FL. 33166

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

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: SILVIA M. HATCH  
Address: 8532 NW 66 ST  
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SILVIA M. HATCH  
Address: 8532 NW 66 ST  
MIAMI, FL 33166

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TALLAHASSEE, FL

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2020 (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*

SILVIA M. HATCH  
Required Signature/Registered Agent

10/26/2020  
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.817.155, F.S.*

SILVIA M. HATCH  
Required Signature/Incorporator

Date 10/26/2020