

(H200003826573)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P20000086375

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I2016000041
Phone : (407)443-8973
Fax Number : (407)930-2626

****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
PRIMAZOLCA INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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(H 20000 38 26 57 3)

COVER LETTER

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

SUBJECT: PRIMAZOLCA 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC
Name (Printed or typed)
13574 Village Park Dr. Ste. 250
Address
Orlando FL 32837
City, State & Zip
407-443-8973
Daytime Telephone number
sunbiz.sicont@hotmail.com
E-mail address: (to be used for future annual report notification)

2020 NOV - 5 PM 3:56
STATE
SECRET

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PRIMAZOLCA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13574 Village Park Dr. Ste 250Orlando, Fl 32837**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

to engage in any and all lawful business allowed in the United States of America and the State of Florida**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Virginia M Hernandez Leal, P,VPName and Title: Armando Alejandro Garcia, SAddress 13574 Village Park Dr Ste 250Address: 1762 Penrith LoopOrlando Fl 32837Orlando Fl 32824

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 NOV -5 PM 3:55
STATE
CLERK

(H 2000023826573)

(H 26000 38 26573)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORLANDO REGISTERED AGENTS LLC
Address: 13574 Village Park Dr. Ste 250
Orlando FL 32837

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Desiree Torres
Address: 13574 Village Park Dr. Ste. 250
Orlando FL 32837

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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
11/04/2020
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.

Required Signature/Incorporator
11/04/2020
Date

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