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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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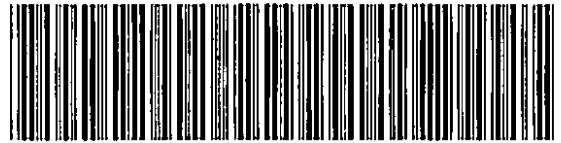
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Derrick Thompson
12/21/2020

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

2020 NOV 12 PM 3: 21

SUBJECT: **Pikliz Investments, 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: **Mallory C James**
Name (Printed or typed)
2210 NW 7th Ct, Apt 4
Address
Fort Lauderdale, FL 33311
City, State & Zip
646-539-8177
Daytime Telephone number
PiklizInvestments@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Pikliz Investment, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2210 NW 7th Ct Apt 4

Fort Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The corporation may engage in any activity or business permitted under
the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 Common shares par value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mallory C James D

Name and Title: _____

Address 2210 NW 7th Ct Apt 4

Address: _____

Fort Lauderdale, FL 33311

Name and Title: Louisius Sanon P

Name and Title: _____

Address 2210 NW 7th Ct Apt 4

Address: _____

Fort Lauderdale, FL 33311

Name and Title: _____

Name and Title: _____

Address _____

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: Mallory C James

Address: 2210 NW 7th Ct, Apt 4

Fort Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mallory C James

Address: 2210 NW 7th Ct, Apt 4

Fort Lauderdale, FL 33311

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

Mallory C James
Required Signature/Registered Agent

11/9/20
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.

Mallory C James
Required Signature/Incorporator

11/9/20
Date