

7/23/2021

Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ZWICK MANAGEMENT GROUP INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: ZWICK MANAGEMENT GROUP INC.

<u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u>	
Principal <u>street</u> address	Mailing address, if different is:
<u>4000 NORTH HILLS DRIVE, UNIT 36</u>	<u>4000 NORTH HILLS DRIVE, UNIT 36</u>
<u>HOLLYWOOD FL 33021</u>	<u>HOLLYWOOD FL 33021</u>
_____	_____

ARTICLE III    PURPOSE  
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARTICLE IV    SHARES    200  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ISAAC ZWICK , PRESIDENT</u>	Name and Title: _____
Address <u>4000 NORTH HILLS DRIVE, UNIT 36</u>	Address: _____
<u>HOLLYWOOD FL 33021</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address        _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address        _____	Address: _____
_____	_____
_____	_____

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(cont.)

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: ISAAC ZWICKAddress: 4000 NORTH HILLS DRIVE, UNIT 36HOLLYWOOD FL 33021**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ISAAC ZWICKAddress: 4000 NORTH HILLS DRIVE, UNIT 36HOLLYWOOD FL 33021

*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 Agent7/23/2021\_\_\_\_\_  
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/Incorporator7/23/2021\_\_\_\_\_  
Date

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