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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
PRIZZY, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT 21 PM 12:48

F11:550

**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: PRIZZY, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6980 WEST 2ND WAY  
HIALEAH, FL 33014

Mailing address, if different is:  
6980 WEST 2ND WAY  
HIALEAH, FL 33014

**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: ELISA LOMINCHAR Name and Title: \_\_\_\_\_

Address PRESIDENT Address: \_\_\_\_\_  
6980 WEST 2ND WAY  
HIALEAH, FL 33014

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

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_  
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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: ELISA LOMINCHAR  
 Address: 6980 WEST 2ND WAY  
HIALEAH, FL 33014

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Name: ELISA LOMINCHAR  
 Address: 6980 WEST 2ND WAY  
HIALEAH, FL 33014

**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*

 \_\_\_\_\_ 10/21/2021  
 Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 10/21/2021  
 Required Signature/Incorporator Date

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