

P21000447782/02419

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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2021 DEC - 8 AM 8:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**"MZ EXCELLENT RESTORATION INC."**

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

**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: "MZ EXCELLENT RESTORATION INC."

**ARTICLE II PRINCIPAL OFFICE**Principal street address

6101 NW 2ND ST

MIAMI, FL 33126

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTS

AND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY AND

ALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS

MIGHT DO:

1) TRANSACT ANY AND ALL LAWFUL BUSINESS

2) SAID CORPORATION SHALL FURTHER HAVE POWERS

TO HAVE PERPETUAL SUCCESSION BY ITS CORPORATE NAME "MZ EXCELLENT RESTORATION INC."

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HERLINDO MARTINEZ LOPEZ - DP

Name and Title:

Address

6101 NW 2ND ST

Address:

MIAMI, FL 33126

Name and Title: OLGA MARIELA ZETINO - DVP

Name and Title:

Address

6101 NW 2ND ST

Address:

MIAMI, FL 33126

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: OLGA MARIELA ZETINO  
Address: 6101 NW 2ND ST  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HERLINDO MARTINEZ LOPEZ  
Address: 6101 NW 2ND ST  
MIAMI, FL 33126

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-1-22 (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*

E/goz 12/07/2021  
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.*

[Signature] 12/07/2021  
Required Signature/Incorporator Date