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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Office@efbtinaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION BANGZIA CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: BANGZIA CORP
(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: E&F LATIN GROUP LLC
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109
Address

WESTON, FL 33326
City, State & Zip

954 384 8565
Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

11/18/22 11:33AM

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BANGZIA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1820 N CORPORATE LAKES BLVDSUITE 109WESTON FL 33326Mailing address, if different is:
1820 N CORPORATE LAKES BLVDSUITE 109WESTON FL 33326**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawfull Purposes

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FABIAN RUIZ GOMEZ- P

Name and Title: _____

Address 1820 N CORPORATE LAKES BLVD

Address: _____

SUITE 109WESTON FL 33326

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11/18/2022. (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*

[Signature]

Required Signature/Registered Agent

11/18/2022

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]

Required Signature/Incorporator

11/18/2022

Date