

1/9/23, 4:40 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ZERO ENTERPRISES CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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RS

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: ZERO ENTERPRISES CORP

ARTICLE II PRINCIPAL OFFICE
Principal address: 1030 EAST 4TH AVE
HIALEAH FL 33010
Mailing address, if different is: 1030 EAST 4TH AVE
HIALEAH FL 33010

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

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	RAELVIS VALDES OTERO	Name and Title:	
Address	1030 EAST 4TH AVE HIALEAH FL 33010	Address:	
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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAELVIS VALDES OTERO

Address: 1030 EAST 4TH AVE

HIALEAH FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAELVIS VALDES OTERO

Address: 1030 EAST 4TH AVE

HIALEAH FL 33010

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


Required Signature/Registered Agent

01/09/2023
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/Incorporator

01/09/2023
Date

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