

2/16/23, 4:19 PM

Division of Corporations

P23000013210

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
Account Name : TAX 5 PRO CORP
Account Number : I2020000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: INFO@TAXSPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
GUZAZU SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 FEB 17 11:08:15

23 FEB 17 11:08:35

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: TAX S PRO CORP
 Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FLORIDA 33024

ARTICLE VIII EFFECTIVE DATE:

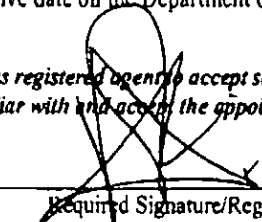
02/16/2023

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

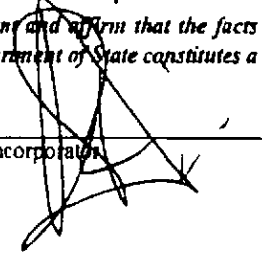


 Required Signature/Registered Agent

02/16/2023

 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

02/16/2023

 Date

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:

GUZAZU SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

151 SW 117 AVE
APT 304
PEMBROKE PINES , FL 33025

151 SW 117 AVE , APT 304
PEMBROKE PINES , FL 33025

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: **PRESIDENT**

Address **GUZMAN MONTERREY , FREDDY A** Address:

151 SW 117 AVE , APT304
PEMBROKE PINES , FL 33025

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

23 FEB 17 11:12 35

COVER LETTER

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

GUZAZU SERVICES CORP

SUBJECT: _____
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

8030 PINES BLVD

Address

PEMBROKE PINES, FLORIDA 33024

City, State & Zip

786-3072733

Daytime Telephone number

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

23 FEB 17 11:12:35

NOTE: Please provide the original and one copy of the articles.