

P23000082324
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: moya@brianmarcuscpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Kanzen Studio Inc.

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

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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: Kanzen Studio Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
186 MEDICI TERRACE
NORTH VENICE FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE OF CLOTHING AND ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ANTHONY MASTELLONE - President/Director	Name and Title:	
Address	186 MEDICI TERRACE	Address:	
	NORTH VENICE FL 34275		
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: ANTHONY MASTELLONE
Address: 186 MEDICI TERRACE
NORTH VENICE FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY MASTELLONE
Address: 186 MEDICI TERRACE
ANNORTH VENICE FL 34275

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
November 29, 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
November 29, 2023
Date

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DATE

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