

# Florida Department of State

## Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION TALENTYZE, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
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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: TALENTYZE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>1000 Brickell Avenue</u> <u>Suite #715 PMB 633</u> <u>Miami, FL 33131</u>	Mailing address, if different is: <u>1000 Brickell Avenue</u> <u>Suite #715 PMB 633</u> <u>Miami, FL 33131</u>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>PAOLA FRANCESKA ZIEGENHIRT (P)</u>	Name and Title: _____
Address: <u>1000 Brickell Avenue</u>	Address: _____
<u>Suite #715 PMB 633</u>	_____
<u>Miami, FL 33131</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
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**ARTICLE VI REGISTERED AGENT**

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

Name: PAOLA FRANCESKA ZIEGENHIRT

Address: 1000 Brickell Avenue Suite #715 PMB 633,  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAOLA FRANCESKA ZIEGENHIRT

Address: 1000 Brickell Avenue Suite #715 PMB 633  
Miami, FL 33131

**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*

<u><i>Paola Ziegenhirt</i></u>	<u>07/26/2024</u>
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.*

<u><i>Paola Ziegenhirt</i></u>	<u>07/26/2024</u>
Required Signature/Incorporator	Date