

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

*P24000398183*

12.4.24

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ZL SERVICES, INC**

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

RECEIVED

2024 DEC -3 PM 4:53

SECRETARY OF STATE  
 TALLAHASSEE, FL

24 DEC -3 AM 12:36

FILED  
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 TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Z L Services, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

ISMEISY ZAMORA LEDON1250 SW 27TH AVE SUITE # 101MIAMI FL 33135**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ISMEISY ZAMORA LEDON (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ISMEISY ZAMORA LEDON1250 SW 27TH AVE SUITE # 101MIAMI FL 33135**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ISMEISY ZAMORA LEDON1250 SW 27TH AVE SUITE # 101MIAMI FL 33135FILED  
CLERK OF STATE  
CORPORATIONS  
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**Required Signatures:**

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

\_\_\_\_\_  
Registered Agent

11/30/2024

\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator

11/30/2024

\_\_\_\_\_  
Date

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