Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

From:
Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Z AANAM CORPORATION

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$87.50

RECEIVED
2025 JAN 27 PM 12:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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Electronic Filing Menu Corporate Filing Menu Help

P2

COVER LETTER

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

SUBJECT: Z AANAM CORPORATION
(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: MOHAMMED SHAJAHAN
Name (Printed or typed)

7517 NW 18TH DR
Address

PEMBROKE PINES, FL 33024
City, State & Zip

954-842-6661
Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM
E-mail address: (to be used for future annual report notification)

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

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: Z AANAM CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7517 NW 18TH DR
PEMBROKE PINES, FL 33024

Mailing address, if different is:

7517 NW 18TH DR
PEMBROKE PINES, FL 33024

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED SHAJAHAN-PD

Address 7517 NW 18TH DR
PEMBROKE PINES, FL 33024

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FL

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: MOHAMMED SHAJAHAN

Address: 7517 NW 18TH DR

PEMBROKE PINES, FL 33024

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MOHAMMED SHAJAHAN

Address: 7517 NW 18TH DR

PEMBROKE PINES, FL 33024

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

Mohammed Shajahan 01/27/2025

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.

Mohammed Shajahan 01/27/2025

Required Signature/Incorporator Date