# 00/76331 Requestor's Name Address City/State/Zip Phone # Office Use Only COPPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Reaso send articles Desapolation to: ent#) ent #) ient #) Richard L. Heffeman, P.A. Certified Public Accountant P.O. Box 617 2911 E. Main Street Pahokee, FL 33476 nent#) Certified Copy Certificate of Status ☐ Mail out 🛥 Wili wan NEW FILINGS AMENDMENTS == Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent 1 mited Liability Dissolution/Withdrawal **Domestication** Other Merger

	OTHER FILINGS		REGISTRATION/
	Annual Report	手持法	器QUALIFICATION #
	Fictitious Name		Foreign
	Name Reservation	L	Limited Partnership
			Reinstatement
			Trademark
		1	Other

Examiner's Initials 9/3/97

FILED 97 SEP -2 AM 8: 19

SECKETART OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

- o f -

#### ELZYTONA, INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

#### ARTICLE I

The name of this corporation shall be:

## ELZYTONA, INC.

#### ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TIXE HUNDRED (2001) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

## ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than XXXX HUNDRED (\$100.00)

## ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

### ARTICLE VI

The initial street address of the principal office of

# ARTICLE VII

The number of Directors of this corporation shall be at least one (i) and no more than five (5).

# ARTICLE VIII

The names and street addresses	of the members of the			
first Board of Directors of this Corp	oration are as follows:			
Sayed M. Gharib	Zouhair B. Oirghemi			
608 El Prado Road #2	608 El Prado Road #2			
Belle Glade, Fl. 33430	Belle Glade, Fl. 33430			
ARTICLE I	<u>X</u>			
The names and street addresse	s of the persons signing			
these Articles of Incorporation as s				
Sayed M. Gharib	608 El Prado Road #2			
	Belle Glade, Fl. 33430			
Zouhair B. Oirghemi	608 El Prado Road #2			
	Belle Glade, F1. 33430			
ARTICLE >	<u> </u>			
The corporate existence of this corporation shall begin				
on the date the Articles of Incorpor				
IN WITHESS WHEREOF, the unde	Sayed M. Charib			
	· · · · · · · · · · · · · · · · · · ·			
Zouhair B. Oirghemi, both being n				
contract, have hereunto set their h	ands and seals this <b>28th.</b> day			
of August 1997.				
	v S. Glail			
	(SEAL)			
	Kytake (SEAL)			
STATE OF FLORIDA)				
) \$ \$				
COUNTY OF PALM BEACH				
. BEFORE ME, the understaned N	otary Public of the State of			
Florida personally appeared Sayed				
Zouhair B. Oirghemi to me well known an				

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED
N COMPLIANCE WITH SECTION 667.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
FIRST THAT BLZYTONA, INC. (Name of Corporation)
(Name of Corporation)
WITH ITS PLACE OF BUSINESS AT 1619 SPRUCE AVENUE WEST PALM BEACH FL. 33407 (Business Address, City and State)
and otally
AS NAMED RICHARD L. HEFFERNAN (Name of Registered Agent)
(refine Cr Registored Agent)
OCATED AT 2911 E. MAIN ST. P.O. BOX 617 PAHOKEE FL. 33476  (Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)
CITY OF PAHOKEE , STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE
OF PROCESS WITHIN FLORIDA.
SIGNATUREX (Corporate Officer) Sayed M. Charib
(Corporate Officer) Sayed M. Gharib SSE 2 M
TITLE President For ≥ □  DATE 08-28-97 ORA €
SIGNATUREX  Corporate Officer) Sayed M. Gharib  TITLE President  DATE 08-28-97  AVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION.  THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY.  PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND  OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.
SIGNATURE & COLLA & Hoffen
DATE08-28-97

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(NOTE: There is a filing fee of \$3.00 for this certificate)

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