

P99000000592

TRANSMITTAL LETTER

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

300002728783--5
-01/04/99--01050--007
****122.50 *****78.75

SUBJECT: REPAZ, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: RENATO ZARFATI
Name (printed or typed)
10416 N. W. 7th Ave.
Address
Miami, FL 33150
City, State & Zip
305-892-9971
Daytime Telephone number

99 JAN -4 AM 10:37

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.
JAN - 5 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

REPAZ, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10416 N. W. 7th Ave.
Miami, FL 33150

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) AT ONE DOLLAR (\$1.00) PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RENATO ZARFATI
10416 N. W. 7th Ave.
Miami, FL 33150

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

RENATO ZARFATI
10416 N. W. 7th Ave.
Miami, FL 33150



Signature/Incorporator

1/1/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

1/1/99

Date

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS