

P99000088741
TRANSMITTAL LETTER

FILED
99 OCT -4 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900003004269--2
-10/04/99--01095--005
*****78.75 *****78.75

SUBJECT: ZAR of Central Florida Incorporated
(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

Additional Copy Required

FROM:

Albert F. Salazar
Name (printed or typed)

7891 10th Ave Sa
Address

St. Pete. Fla. 33707
City, State & Zip

727-384-2243
Daytime Telephone number

Albert Salazar GAVE
AUTHORIZATION BY PHONE TO
CORRECT make a check correct
DATE 10/19/99
DOC. EXAM Carol Brown

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

BROWN OCT - 7 1999

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

ZAR OF CENTRAL FLORIDA INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

355 Eighth Street, South
St. Petersburg, Fl. 33701

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Albert A. Salazar
7891 10th Avenue, South
St. Petersburg, Fl. 33707

See instructions for officers/directors

Albert A Salazar
 &
 Laura Salazar
 1891-10th Ave. So.
 St. Petersburg, Fl. 33707

22 day of June, 19 99

Albert Salazar
Signature

Laura Salazar
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ZAR of Central Florida Inc.

2. The name and address of the registered agent and office is:

Albert M. Salazar
(NAME)
789 1-10th Ave So.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
St. Pete. FLA. 33707
(CITY/STATE/ZIP)

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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.

Albert M. Salazar
(SIGNATURE)

6/22/99
(DATE)