

TRANSMITTAL LETTER

99000092978

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

FILED
99 OCT 20 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003019875--3
-10/20/99--01071--004
*****87.50 *****87.50

SUBJECT:

Z-Fiber Systems Co.

(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

William Loffinger

Name (Printed or typed)

8471 SW 35 TERR

Address

Miami FL 33155

City, State & Zip

305 . 220 - 9142

Daytime Telephone number

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

D. BROWN OCT 21 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:

Z-Fiber System Co

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ARTICLE II PRINCIPAL OFFICE

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

8471 SW 35 TERR
MIAMI, FL 33155

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 Florida street address of the initial registered agent are:

William Koffinger
8471 SW 35 TERR
MIAMI, FL, 33155

ARTICLE V INCORPORATOR

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

William Koffinger
8471 SW 35 TERR
MIAMI, FL, 33155



Signature/Incorporator

10/18/99

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

Date