

P14 000059913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

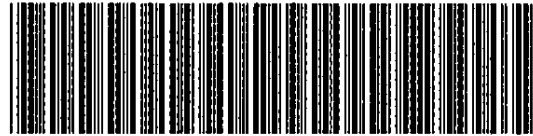
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 16 PM 4:01

7/16/14

**COVER LETTER**

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

**SUBJECT: ANNA TOKAREVA, P. A.**

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: ANNA TOKAREVA, P. A.**

Name (Printed or typed)

1800 EAST HALLANDALE BCH BLVD SUITE 85101

Address

HALLANDALE BEACH FL 33009

City, State & Zip

305 607 6070

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: ANNA TOKAREVA, P. A.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1800 E. HALLANDALE BEACH BLVD  
SUITE 85101  
HALLANDALE BEACH FL 33009  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: REAL ESTATE AGENT

**ARTICLE IV SHARES** 200  
The number of shares of stock is: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ANNA TOKAREVA</u>	Name and Title:	_____
Address	<u>1800 E. HALLANDALE BEACH BLVD</u>	Address:	_____
	<u>SUITE 85101</u>		_____
	<u>HALLANDALE BEACH FL 33009</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: ANNA TOKAREVA  
 Address: 1800 E HALLANDALE BEACH BLVD SUITE 85101  
HALLANDALE BEACH FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANNA TOKAREVA  
 Address: 1800 E HALLANDALE BCH BLVD # 85101  
HALLANDALE BEACH FL 33009

*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*

\_\_\_\_\_  
 Required Signature/Registered Agent 07/09/2014  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 07/09/2014  
Date