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(Requestor's Name)				
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(Cit. (Ch. 4-77) / [Dl. 4-4-45]				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

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

SUBJECT: AINI	NA TOKAREVA,	P. A.	
-	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 o Status
		ADDITIONAL CO	PPY REQUIRED
1 10////	NNA TOKAREVA Name DO EAST HALLANDALE	e (Printed or typed)	E 85101
		Address	
H	ALLANDALE BE	ACH FL 3300	09
	City,	, State & Zip	
30	05 607 6070		
	Daytime T	Telephone number	
	E-mail address: (to be use	ed 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)

	tion shall be: ANNA TOKARE		
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:	
1800 E. HALLA			
SUITE 8510)1		
HALLANDALE	BEACH FL 33009		
ARTICLE III PUR	POSE	ECTATE ACENT	
The purpose for which the	he corporation is organized is: REAL	ESTATE AGENT	
			
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		- C	
		R POR	무C
ARTICLE IV SHA	RES OOO	P 0.1	ME
The number of shares of	stock is: 200	NS	
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTOR	•	
	ANNA TOKAREVA		
	1800 E. HALLANDALE BEACH BLVD	Name and Title:	
Address	SUITE 85101	Address:	
	HALLANDALE BEACH FL 33009		
	TIALLANDALE BEACH PE 33008		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of ANNA TOKAREVA	the registered agent is:
Address:	1800 E HALLANDALE BEACH BLVD SUITE 85101	
	HALLANDALE BEACH FL 33009	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	ANNA TOKAREVA	
Address:	1800 E HALLANDALE BCH BLVD # 85101	
	HALLANDALE BEACH FL 33009	
	ned as registered agent to accept service of process am familiar with and accept the appointment as regional accept the appointment accept the accept	
I submit this doc document to the l	•	rue. I am aware that the false information submitted in a