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|       |                       |                    |                     |     | ····· | <br> |     |
| To:   |                       |                    |                     |     |       |      | Ī   |
|       | Division<br>Fax Numbe | of Corpor<br>≘r :( | ations<br>850)617-6 | 381 |       |      | . 1 |
| From: |                       |                    |                     |     |       |      | 41  |

Account Name : SORSHER & ASSOCIATES, LLC. Account Number : I20170000056

Phone : (954)842-2931 Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please. \*\*

| ⊦ma1l | Address: |             |
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## FLORIDA PROFIT/NON PROFIT CORPORATION BEST RELIABLE, CORP.

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### COVER LETTER

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

|                         | (PROPOSED CORPOR  | ATE NAME - MUST INCL                          | UDE SUFFIX)             |
|-------------------------|---|---|-------------------------|
| Enclosed are an orig    | ginal and one (1) copy of the ar                                    | ticles of incorporation and                   | l a check for:          |
| ⊠ \$70.00<br>Filing Fee | □ \$78.75 Filing Fee & Certificate of Status                        | ☐ \$78.75<br>Filing Fee<br>& Certified Copy   | & Certificate of Status |
|                         |   | ADDITIONAL CO                                 | PY REQUIRED             |
| FROM:                   | OLEKSANDR PATRAM  | ANSKYI  |                         |
| FROM:                   |   | (Printed or typed)                            |                         |
| FROM:                   | Name<br>2501 S OCEAN DR. UNIT                                       | (Printed or typed)                            |                         |
| FROM:                   | Name 2501 S OCEAN DR. UNIT HOLLYWOOD, FL 33019                      | e (Printed or typed) 427                      |                         |
| ГRОМ:                   | Name 2501 S OCEAN DR. UNIT  HOLLYWOOD, FL 33019 City, (954)669-7854 | e (Printetl or typed) 427 Address State & Zip |                         |
| FROM:                   | Name 2501 S OCEAN DR. UNIT  HOLLYWOOD, FL 33019 City, (954)669-7854 | e (Printed or typed)<br>427<br>Address        |                         |

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

## 12/02/2020 01:37 PM FAX 9548422936 SORSHER & ASSOCIATES H 20 00 04 /2 09 $\mp$ 3

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpor                   | E<br>ation shall be: BEST RELIABLE, C | ÓRP.               |                 |
|--|---------------------------------------|--------------------|-----------------|
| ARTICLE II PRIN                          | · · · · · · · · · · · · · · · · · · · | Mailing address, i | f'different is: |
| 2501 S OCEAN (                           | DR. UNIT 427                          | 2501 S OCEAN DE    |                 |
| HOLLYWOOD, FI                            |                                       | HOLLYWOOD, FL      |                 |
| ARTICLE III PURP                         |                                       | <del></del>        |                 |
|  | · · · · · · · · ·                     |                    | * 72            |
|  |                                       |                    | - <del> </del>  |
|  |                                       | ·                  |                 |
| ARTICLE IV SHAR) The number of shares of | <u>ES</u> stock is: 100               |                    | <b>,</b> –      |
| ARTICLE V INITIA                         | L OFFICERS AND/OR DIRECTORS           |                    |                 |
| Name and Title                           | OLEKSANDR PATRAMANSKYI                | Name and Title:    |                 |
| Address                                  | 2501 S OCEAN DR, UNIT 427             |                    |                 |
|  | HOLLYWOOD, FL 33019                   |                    |                 |
|  |                                       |                    |                 |
| Name and Title:                          |                                       | Name and Title:    |                 |
| السنة                                    | <del></del>                           | Address:           |                 |
|  |                                       |                    |                 |
| Name and Title:                          |                                       | Name and Title:    |                 |
| ∧ddress _                                | · · · · · · · · · · · · · · · · · · · | Address:           |                 |
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# 12/02/2020 01:38 PM FAX 9548422936 SORSHER & ASSOCIATES H 20 0004/2 09 73

| rame and                                      | I falle:   | Name and Title:   |   |
|---|--|---|---|
| Address                                       | ·  |   |   |
|   |  | <u> </u>  |   |
|   |  | <del></del>   |   |
|   |  |   |   |
| ARTICLE VI R                                  | PEGISTERED AGENT<br>prida street address (P.O. Box NOT acceptable                                  | e) of the registered agent is:  |   |
| Name;   | OLEKSANDR PATRAMANSKYI   |   |   |
| Address;                                      | 2501 S OCEAN DR, UNIT 427  |   |   |
|   | HOLLYWOOD, FL 33019  |   | ·   |
| ARTICLE VII 1                                 | NCORPORATOR  |   | 288 DEC -                                 |
| The name and add                              | Iress of the Incorporator is:  |   | *** \bar{\bar{\bar{\bar{\bar{\bar{\bar{   |
| Name:   | OLEKSANDR PATRAMANSKYI   |   | <b></b>                                   |
| Address:                                      | 2501 S OCEAN DR, UNIT 427  | <del></del>   | ÷   |
|   | HOLLYWOOD, FL 33019  |   | · ·-                                      |
| ARTICLE VIII 1                                | EFFECTIVE DATE:  |   |   |
| Effective date, it of<br>(If an effective dat | her than the date of filing:<br>te is listed, the date must be specific and ca                     |   | om ou 00 l                                |
| filing.)                                      |  | and be more than nee days pric  | or or yo days after the                   |
| Note: If the date in the document's officer   | serted in this block does not meet the applies<br>ective date on the Department of State's recon   | able statutory filing requirements, and statutory filing requirements.      | this date will not be listed              |
| Having been numed<br>vertificate, I am fan    | l as registered agent to accept service of proce<br>Alliar with and accept the appointment as regi | ss for the above stated corporation<br>stered agent and agree to act in thi | at the place designated in<br>is capacity |
|   | leksandr Patramanskyi  |   | 12/02/2020                                |
|   | Required Signature/Registered Agent  | ··  | Date                                      |
| I submit this document to the De              | nent and affirm that the facts stated herein o<br>partment of State constitutes a third degree fe  | are true. I am aware that the fuls<br>lony as provided for in s.817,155, I  | e information submitted i<br>F.S.         |
| 0   | loksandr Patramanskyi  |   |   |
| Required Signature                            | Theorperator   | Date  | 12/02/2020                                |