Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

Email Address:

documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION Arion Group Corp.

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## **COVER LETTER**

	TO: Registration Section Division of Corporations							
	SUBJECT:	Arion Group	Corp.					
	BODDECI.		Name of c	orporation ·	must incl	ude suffix		-
	Dear Sir or M	ladam:						
	"Certificate of	of Existence,"		Good Stanc	ling" and c	heck are subr	t Business in Florida," nitted to register the	
	Please return	all correspond	lence concerning	this matter	to the follo	wing:		
	Justin Foster							
	Name of Person						-	
	InCarp Services, Inc.						_	
	Firm/Company							
	3773 Howard Hughes Pkwy - Sulte 500S						-	
	Address Las Vegas, NV 89169-6014							
							-	
	City/State and Zip code documents@incorp.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:							
						otification)	-	
Justin		behalf of InCor	p Services, Inc.	800	246-2			
	Nam	ne of Person		Area Code	Da	ytime Teleph	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				R D P	AAILING AI egistration Selivision of Co. O. Box 6327 allahassee, Fl	ection rporations	
	Enclosed is a	check for the	following amoun	t:				
	■ \$70.00 Fi	ling Fee C	\$78.75 Filing For Certificate of S		\$78.75 Fi Certified	ling Fee & Copy	☐ \$87.50 Filing Fee, Certificate of Status Certified Copy	; &

(((H18000284372 3)))

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated) (November 7th, 2016 (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  18401 Collins Ave., #1220 Sunny Isles Beach (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Nevada	able in Florida, enter alternate corporate name	•	
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  18401 Collins Ave., #1220  Sunny Isles Beach  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		y under the law of which it is incorporated)	(FEI number	, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  18401 Collins Ave., #1220 Sunny Isles Beach FL 33160  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	November 7t	1, 2016	5.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  18401 Collins Ave., #1220  Sunny Isles Beach  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	•	of incorporation)	(Date of duration, if	other than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  18401 Collins Ave., #1220  Sunny Isles Beach  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Upon Filing			
18401 Collins Ave., #1220  Sunny Isles Beach FL 33160  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
(Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	18401 Collins			
INAIDE:	.,			
17888 67th Court North		·	P.O. Box NOT acceptable)	
Loxahatchee Florida 33470	Name:	InCorp Services, Inc.	P.O. Box NOT acceptable)	S MOV 17
(City) (Zip code)	Name:	InCorp Services, Inc. 17888 67th Court North	33470	S MOV 17 AM
Registered agent's acceptance:		InCorp Services, Inc.  17888 67th Court North  Loxahatchee	, Florida 33470	S NOV 17 AN EL-

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Nataliia Kriukova	
18401 Collins Ave., #1220	
Sunny Isles Beach, FL 33160	
Vice Chairman:	
Address:	
Natalila Kriukova	
Address: 18401 Collins Ave., #1220	
Sunny Isles Beach,FL 33160	
Director:	<u> </u>
Address:	
B. OFFICERS	
President: Natallia Kriukova	87.
Address:18401 Collins Ave., #1220	6. 2-3: 2
Sunny Isles Beach, FL 33160	WOV JAN
Vice President:	m-c -
Address:	77 3 11
Secretary: Natalila Kriukova	
Address: 18401 Collins Ave., #1220, Sunny Isles Beach, FL 33160	
Treasurer: Nataliia Kriukova	
Address: 18401 Collins Ave., #1220, Sunny Isles Beach, FL 33160	
NOTE: If necessary, you may attach an addendum to the application listing additiona	I officers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) a are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	ffirms that the facts stated herein he Department of State constitutes
Nataliia Kriukova, President	

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ARION GROUP CORP., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 7, 2016, and is in good standing in this state.



Electronic Certificate
Certificate Number: C20181114-1537
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 14, 2016.

hora K. Cegovske

BARBARA K. CEGAVSKE Secretary of State