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Special Instructions to Filing Officer:				
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COVER LETTER

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

Non-profit organization "Russian Theatre Solntce", Corp (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 \$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Russian Theatre Solntce, Corp

Name (Printed or typed)

1936 South Ocean Drive, Suite 11D

Address

Hallandale, FL 33009

City, State & Zip

305-331-3317

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.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2013

RUSSIAN THEATRE SOLNTCE, CORP 1936 SOUTH OCEAN DRIVE, SUITE 11D HALLANDALE, FL 33009

SUBJECT: NON-PROFIT ORGANIZATION "RUSSIAN THEATRE SOLNTCE",

CORP

Ref. Number: W13000013363

We have received your document for NON-PROFIT ORGANIZATION "RUSSIAN THEATRE SOLNTCE", CORP and your check(s) totaling \$78.85. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify and correct if necessary Article I - the name of the corporation.,

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00005366

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

FICLE I name of the FICLE I I	I PRINCIPAL OFFICE		
	Principal <u>street</u> address: 36 South Ocean Drive, Suite 11D	· Sa	Mailing address, if different is: me as Principal
Ha	allandale, FL 33009		CHETAK
e purpose f	TI PURPOSE for which the corporation is organized is:	tural events	for Russian Speaking Comm
		- 1 B 7	
ricle i	V MANNER OF ELECTION The ma	nner in which the	e directors are elected and appointed:
RTICLE	V INITIAL OFFICERS AND/OR DIF	RECTORS	e directors are elected and appointed:
RTICLE		RECTORS Name and Title	Nina Artsibasheva, VP
RTICLE	v INITIAL OFFICERS AND/OR DIF	RECTORS	Nina Artsibasheva, VP
RTICLE	v INITIAL OFFICERS AND/OR DIF	RECTORS Name and Title	Nina Artsibasheva, VP
RTICLE ame and Tit	INITIAL OFFICERS AND/OR DIF	RECTORS Name and Title Address:	Nina Artsibasheva, VP 2810 NE 201 Terrace, Building G, Suite 213 Aventura FL 33180
ARTICLE ame and Tit	INITIAL OFFICERS AND/OR DIF	Name and Title Address: Name and Title	Nina Artsibasheva, VP 2810 NE 201 Terrace, Building G, Suite 213
ARTICLE ame and Tit ddress ame and Tit	V INITIAL OFFICERS AND/OR DIF tle: Irina Pavlova, President 1936 South Ocean Drive, Suite 11D Hallandale FL 33009 Rachel Lakherzak, VP	RECTORS Name and Title Address:	Nina Artsibasheva, VP 2810 NE 201 Terrace, Building G, Suite 213 Aventura FL 33180
ddress. lame and Tit	Irina Pavlova, President 1936 South Ocean Drive, Suite 11D Hallandale FL 33009 Rachel Lakherzak, VP 1865 South Ocean Drive, Suite 14F	Name and Title Address: Name and Title Address:	Nina Artsibasheva, VP 2810 NE 201 Terrace, Building G, Suite 213 Aventura FL 33180

Name and Title:_		Name and Title:	
Address		Address:	· · ·
		Name and Title:	13 HAR 26 PR
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT accepta		PH IZ: 15 OF ISTATE CEE. FLORIDA
Name:	Irina Pavlova		
Address:	1936 South Ocean Drive, Suite		
	Hallandale FL 33009		
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is: Irina Pavlova		,
Name:			
Address:	1936 South Ocean Drive, Suite		
	Hallandale FL 33009		
certificate, I am fi	ned as registered agent to accept service of amiliar with and accept the appointment as i	registered agent and agree to act in thi	
	Required Signature of Registered A		03/15/13
	Required Signature of Registered A	gent	Date
	ment and affirm that the facts stated herein t of State constitutes a third degree felony as		formation submitted in a document
	Thre parlow		03/15/13
	Required Signature of Incorpo	rator	Date

.. _____.