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(Requ	estor's Name)	······································
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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33-11/020

TRANSMITTAL LETTER

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

SUBJECT: RepoL	iquidators, inc (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: My	kola Pavlyuk		
	Name	(Printed or typed)	······································
	16850-112 Collins Ave.	Address	
	Sunny Isles Beach, FL 33160 City,	State & Zip	
	Daytime T	elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 6, 2004

MYKOLA PAVLYUK 16850-112 COLLINS AVE SUNNY ISLES BEACH, FL 33160

SUBJECT: REPO LIQUIDATORS, INC.

Ref. Number: W04000044381

We have received your document for REPO LIQUIDATORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and incorporator listed and the one signing must be the same.,

Please return the 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) 245-6929.

Letter Number: 104A00068152

Justin M Shivers Document Specialist New Filings Section

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:

Repo Liquidators, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16850 Collins Ave.
Sunny Isles Beach, FI 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all of legal business

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mykola Pavlyuk, President 16850-112 Collins Ave. Sunny Isles Beach, FL 33160

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mykola Pavlyuk 16850-112 Collins Ave. Sunny Isles Beach, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mykola Pavlyuk 16850-112 Collins Ave. Sunny Isles Beach, FL 33160

Having l	een nan	ned as register	ed agent to acc	ept service of pro	ocess for the abo	ve stated corporation	n at the place	designated in this
certificat	e, I am fi	amiliar with a	nd accept the eq	ppointment as reg	istered agent and	d agree to act in this	capacity	

PANLINK (MUKOLO PANLOUK)	11/22/04
Signature/Registered Agent	Date
PAVLYK (MYKOIG PAVLYLK)	11/22/04
Signature/Incorporator /	Date

OH DEC 20 PN 4:54