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COVER LETTER

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

SUBJECT: SUNCOAST GORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: BARSEGYAN ARMEN & GUR JINYAN NIKOLAY
Name (Printed or typed)

LA CYPRESS CIRCLE

Address

OLHOND BEACH, FL, 32176.

City, State & Zip

(386/2992430.

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) FILED ARTICLE I NAME 07 NOV -5 PM 4:27 The name of the corporation shall be: CUNCOAST STOFFING AGENCY INC. SECRETARY OF STATE TALLAHASSEE FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: & A CYPLESS CI2CLE, ORMOND BEACH, PL, 32176. ARTICLE III PURPOSE The purpose for which the corporation is organized is: STUFFING Agency a Temp labor Service ARTICLE IV SHARES The number of shares of stock is: ONR ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BARSEGYAN ARNEN -GURJINYAN NEKOLAY PRESident. & A Cypress circle, ORHOND BEACH, FL, 32176 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BARSEGYAN. ARHEN, & A CYPRESS circle ORHOWD BEACH, PL 32/76 \ INCORPORATOR The name and address of the Incorporator is: GURJINYAN NIKOLAY 8A CYPRESS circle, ORMOND REACH, FG 32/76. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Relistered

Signature

11.05 07