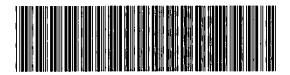
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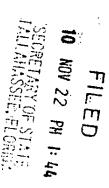
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COVER LETTER

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

CUD IECT.	Sochailland la	W Group. P.	Α.				
SUBJECT: Soshnikova Law Group, P. A. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)							
	iginal and one (1) copy of the arti						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED				
FROM: _	Natalya Son	OShni Kova e (Printed or typed)	· 				
_	P.O. Box 3271	Address					
_	Sarasota, FL 34 City,	230 - 327] State & Zip					
_	941 - 400 - 68° Daytime T	elephone number					
	NSOS HN@ E-mail address: (to be use	y ahoo. Com d for future annual report no	otification)				

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)

ARTICLE I NA The name of the corpor	AME ration shall be:	Soshniki	ova law c	Group, P.A.	
ARTICLE II PI	RINCIPAL OFFICE Principal <u>street</u> address			g address, if different is:	
	1112 Parry Drive Sarasota, FL 3	e 04241		30x 3271 ta FL 34230-	327[
ARTICLE III PU	RPOSE			•	
The purpose for which The PA is bei	h the corporation is organi ng for med for th	e purpose of	practice of la	wand all	other
activities the	imitted under	ym apprica	ou wws.		
The number of shares of ARTICLE V IN	HARES of stock is: 1 Ohd ITTIAL OFFICERS AND NATALYA SOSH P.O. BOX 30	D/OR DIRECTORS	Name and Title:		
Address,	Scrasota Fi	34730-32	7\		
•					
Name and Title: Address:			Name and Title:Address:	3. S	
Name and Title: Address:				UN 22 PM	
	CGISTERED AGENT Street address (P.O. Box Lora L. Bedfo 1026 Ringling Darasota Fl	ord Esa. Blvd. Suite 10	•	S ALL	
4 D @ 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•				
	corporator s of the Incorporator is: Natalya P.O. Box 327 Sarasota EL	shnikova 1 34230-327	-{		
Having been named a this certificate, I am fa	s registered agent to acception miliar with and accept the A. Bo Required Signature/Re	appointment as regiss	for the above stated con tered agent and agree to	poration at the place do act in this capacity	esignated in
I submit this documen document to the Depar	nt and affirm that the fact. timent of State constitutes a	s stated herein are tr	rue. I am aware that th us provided for in s.817.	e false information sub 155, F.S.	mitted in a
1/1	/			1 .	
NATALY	Required Signature/ A SOShnikova	Incorporator	100017	11/16 Date	<u> 1 ZOI</u> D