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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: OPERATOR OF THE YEAR, INC.  
(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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: LEONID BELOTSEYENKO  
Name (Printed or typed)  
20779 NE 10<sup>TH</sup> PATH  
Address  
MIAMI, FL 33179  
City, State & Zip  
305-527-0933  
Daytime Telephone number  
TRANSPORTER305@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 NAME**

The name of the corporation shall be: OPERATOR OF THE YEAR, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

20779 NE 10<sup>th</sup> PATH  
MIAMI, FL 33179

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONDUCT TRANSPORTATION BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LEONID BELOTSEVENKO - PRESIDENT Name and Title:

Address: 20779 NE 10<sup>th</sup> PATH Address:  
MIAMI, FL 33179

Name and Title: Name and Title:  
Address: Address:

Name and Title: Name and Title:  
Address: Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: LEONID BELOTSEVENKO  
Address: 20779 NE 10<sup>th</sup> PATH  
MIAMI, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IRGA KOZAREZ  
Address: 20779 NE 10<sup>th</sup> PATH  
MIAMI, FL 33179

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

Required Signature/Registered Agent

01-31-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

1/31/11  
Date

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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