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W11-30533



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2011

LEONID SOKOLOVSKY
3237 CLOVERPLACE DR.
PALM HARBOR, FL 34684

SUBJECT: SAFE-WAY INC.
Ref. Number: W11000030533

We have received your document for SAFE-WAY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F10000004455 (SAFEWAY INC.).

Please complete Article(s) III -- (Purpose).

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 611A00013679

COVER LETTER

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

SUBJECT: SAFE-WAY 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 SOKOLOVSKY

Name (Printed or typed)

3237 CLOVERPLACE DR.

Address

PALM HARBOR FL 34684

City, State & Zip

718-775-0027

Daytime Telephone number

MOLDOVA68@LIVE.COM

E-mail address: (to be used for future annual report notification)

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:

~~SAFE WAY INC.~~

FIMA TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3237 CLOVERPLACE DR.
PALM HARBOR FL 34684

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRUCKING COMPANY

~~OWNER OPERATOR HAULING~~

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONID SOKOLOVSKY PRESIDENT

Address: 3237 CLOVERPLACE DR.
PALM HARBOR FL 34684

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LEONID SOKOLOVSKY

Address: 3237 CLOVERPLACE DR.
PALM HARBOR FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONID SOKOLOVSKY

Address: 3237 CLOVERPLACE DR.
PALM HARBOR FL 34684

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

LEONID SOKOLOVSKY

Required Signature/Registered Agent

5-30-2011
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.

LEONID SOKOLOVSKY

Required Signature/Incorporator

5-30-2011
Date

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