

P11000079219

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

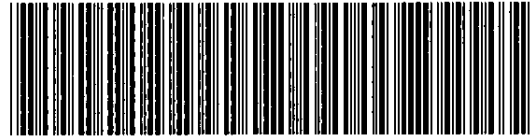
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200211043262

08/15/11--01051--004 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP - 7 AM 10:48

9/8/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 SEP -7 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 30, 2011

HARVEY L. RUBINCHIK, ESQ.  
1860 N PINE ISLAND RD #201  
PLANTATION, FL 33322

SUBJECT: IVANTOP, I, INC.  
Ref. Number: W11000042686

We have received your document for IVANTOP, I, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 011A00020249



**RECEIVED**

11 AUG 29 PM 3:53

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2011

HARVEY L. RUBINCHIK, ESQ.  
1860 N PINE ISLAND RD #201  
PLANTATION, FL 33322

SUBJECT: IVANTOP, I, INC.  
Ref. Number: W11000042686

We have received your document for IVANTOP, I, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 411A00019153

## COVER LETTER

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

SUBJECT: IVANTOP, I, 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: Harvey L. Rubinchik, Esq.

Name (Printed or typed)

1860 N. Pine Island Road, Suite 201

Address

Plantation, FL 33322

City, State & Zip

(954) 475-9995

Daytime Telephone number

barristertitle@aol.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: **IVANTOP, I, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
5072 NW 7TH STREET, BUILDING 2, APT. 1010  
MIAMI, FL 33126

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**REAL ESTATE**

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: <u>Gary Topha, President</u>	Name and Title: _____
Address: <u>5072 NW 7th Street, Bldg. 2,</u>	Address: _____
<u>Apt. 1010</u>	_____
<u>Miami, FL 33126</u>	_____

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: Harvey L. Rubinchik, Esq.  
Address: 1860 N. Pine Island Road, Suite 201  
Plantation, FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary Topha  
Address: 5072 NW 7th Street, Bldg. 2, Apt. 1010  
Miami, FL 33126

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP - 7 AM 10:48

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

9/6/11  
\_\_\_\_\_  
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.

Bery Topha AS P.O.A  
\_\_\_\_\_  
Required Signature/Incorporator

8/26/11  
\_\_\_\_\_  
Date

FUR GARY TOPHA