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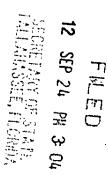
Special Instructions to Filing Officer:	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Special Instructions to Filing Officer:  Roman  GAVE	(Business Entity Name)
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Special Instructions to Filing Officer:	(Document Number)
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CORRECT add Share	CORRECT add Share
DATE 9/25/12	DATE 9/25/12
DOC. EXAM	DOC. EXAM
W12-45684	4117-45684





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## **COVER LETTER**

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

SUBJECT: Anray Home Design, In	c.	
(PROPOSED CORPORAT	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Roman Salamakha Name	(Printed or typed)	
2813 Amberley Ct		
. · A	ddress	
Holiday, Florida 34691 City, S	State & Zip	
727 919 3935 Daytime Te	lephone number	
anrayhd@yahoo.com E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

September 4, 2012

ROMAN SALAMAKHA 2813 AMBERLEY CT HOLIDAY, FL 34691

SUBJECT: ANRAY HOME DESIGN, INC.

Ref. Number: W12000045684

We have received your document for ANRAY HOME DESIGN, 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 812A00022379

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	NAME Anray Home Design, Incorporation shall be:		FILED  12 SEP 24 PM 3: 0				
ARTICLE II	PRINCIPAL OFFICE			12	SEP 21.	D14	_
	Principal street address		Mailing addre	ess, if dif	ferent is:	177	3:04
28	13 Amberley Ct			$\mathcal{A}: \mathcal{C}_{\mathcal{R}}$	ETADY ( MASSLE		`
Ho	oliday, FI 34691			TALLA	113600	1,01	$\mathbb{Z}_{\mathbb{Z}}$
1.11		<u></u>			maniet.	TI.	1511).
		-		<u>f</u>			
ARTICLE III P							
The purpose for wh	ich the corporation is organized is:						
	elling Residential, Commercial Proper	rties					
Remodeling F	Residential, Commercial Properties						
Renting Resid	ential, Commercial Properties						
	esidential, Commercial Properties						
mannaming ra	soldoniadi, oominoroidi rioponioo						
ARTICLE IV	BHARES						
The number of share	s of stock is: 100						
		_					
	INITIAL OFFICERS AND/OR DIRECTORS						
Name and Titl	e:Roman Salamakha	Name and Titl	e:		, .		
Address:	Executive Director					<del></del>	
	2813 Amberley Ct						
	Holiday, FL 34691				· ·		<del></del>
Name and Titl	e:Anna Salamakha	Name and Titl	<b>A</b> '				
Address:	Managar Managar	Address:					
Auuros.	Manager 2813 Amberley Ct	Address.					
	Holiday, FL 34691		<del></del>				
	HOROAY, FL 34091		<del></del>				_
Name and Titl	e: <u>Bogdan Salamakha</u>	Name and Titl	e:				
Address:	Manager	Address:					
	Manager 2813 Amberley Ct		•	•			
	Holiday, FL 34691						
	•						_
	REGISTERED AGENT						
	da street address (P.O. Box NOT acceptable) of	the registered ago	ent is:				
Name:	Roman Salamakha						
Address:	2813 Amberley Ct						
	Holiday, FL 34691						
ARTICLE VII I	ANCODROD A TYOR						
	NCORPORATOR						
Name:	ess of the Incorporator is:						
	Roman Salamakha						
Address:	2813 Amberley Ct Holiday, Fl 34691						
Having been named this certificate, I am	as registered agent to accept service of process familiar with and accept the appointment as regis	for the above si stered agent and	ated corporate agree to act is	ion at th this cap	e place des pacity	signat	ed in
	1.1.14			09/12	/2012		
	Requised Signature/Registered Agent	<del>.</del>			Date		
I submit this docum document to the Dep	ent and affirm that the facts stated herein are i artment of State constituties a third degree felony	rue. I am awar as provided for	e that the fals in s.817.155, l	e inforn F.S.	nation subi	nitted	in a
	171.A						
	1,114			09/1	2/2012		
	Required Signature/Incorporator				Date		