

P12000081315

(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:

Roman GAVE

AUTHORIZATION BY PHONE TO

CORRECT add share

DATE 9/25/12

DOC. EXAM VN

W12-45684

Office Use Only



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08/31/12--01005--012 **87.50

FILED
12 SEP 24 PM 3 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

114

COVER LETTER

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

SUBJECT: Anray Home Design, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Roman Salamakha

Name (Printed or typed)

2813 Amberley Ct

Address

Holiday, Florida 34691

City, State & Zip

727 919 3935

Daytime Telephone 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)

ARTICLE I NAME

The name of the corporation shall be: **Anray Home Design, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2813 Amberley Ct
Holiday, FL 34691

FILED
12 SEP 24 PM 3:04
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Buying and Selling Residential, Commercial Properties
Remodeling Residential, Commercial Properties
Renting Residential, Commercial Properties
Maintaining Residential, Commercial Properties

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Roman Salamakha**
Address: **Executive Director**
2813 Amberley Ct
Holiday, FL 34691

Name and Title: _____
Address: _____

Name and Title: **Anna Salamakha**
Address: **Manager**
2813 Amberley Ct
Holiday, FL 34691

Name and Title: _____
Address: _____

Name and Title: **Bogdan Salamakha**
Address: **Manager**
2813 Amberley Ct
Holiday, FL 34691

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: **Roman Salamakha**
Address: **2813 Amberley Ct**
Holiday, FL 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Roman Salamakha**
Address: **2813 Amberley Ct**
Holiday, FL 34691

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

09/12/2012

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

09/12/2012

Date