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COVER LETTER

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

_{SUBJECT:} Add	oni Managemen	t Inc.	UNE CUEFIX
		RATE NAME – <u>MUST INCL</u>	
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	alari Calaubtab	ilcov	
FROM: V	aleri Goloubtch	ame (Printed or typed)	
-	0450 5 1	D: 000	

Address
Hudson, FI, 34677
City, State & Zip

(321)514-1891 (819)428-2209

Daytime Telephone number

paxra@yahoo.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE		
Principal street address 5915 Sea Ranch Drive, 308	Mailing address, if different is: 144 chemin du lac Grosleau	
Hudson, Fl, 34677	Ripon, Québec, J0V1V0	
·	Canada	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 1.To manage investment to real estate p	ropriety in Florida	
2.To produce the honey and others agric	cultural products	
3.To deliver bookkeeping services		
	14 V	
	JAN AN	
	PIL PIL	
ARTICLE IV SHARES The number of shares of stock is: 1000	PH 3: 59	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	_	
Address	Name and Title: Lioudmila Lebedeva, director Address:	
Address Name and Title: Address	Address: Name and Title:	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of Lioudmila Lebedeva	the registered agent is:	
Address:	5915 Sea Ranch Drive 308		. 🖽
	Hudson, FI, 34677		SECRE IVISION
ARTICLE VII The name and a	INCORPORATOR address of the Incorporator is:		FILED TARY OF OF CORPO 22 PM
Name:	Valeri Goloubtchikov		STAFE RATIO
Address:	144 chemin du lac Grosleau		9 ***
	Ripon, Québec, J0V1V0, Canada		
	med as registered agent to accept service of process am familiar with and accept the appointment as reg		
	Af-		01/15/2014
Required Signature/Registered Agent			Date
	cument and affirm that the facts stated herein are a Department of State constitutes a third degree felong		
	20/-	-	01/15/2014
	Required Signature/Incorporator		Date