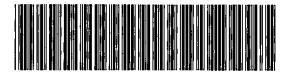
40WU58

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT:	Buy or L		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	
FROM: Bohdan Mastykaz Name (Printed or typed) 16900 North Bay Rd. Unit 1606 Address			
	Unny Isles B City, 305 Daytime 7	State & Zlp 915 593 Telephone number	33160
	E-mail address: (to be use	oyor List, co	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: BUY	or hist	Corp,	Age Sparing
			Mailing addre	ss, if different is: 11:50
Sunny Isks	Bay Ad. Unit 160 Beach, FL 3310	16 60		
ARTICLE III PURPOS The purpose for which the c	SE proporation is organized is:	Real	Estatc	Brokerage
	LOFFICERS AND/OR DIR	(60	Title:	
Address	ochban Mastyka 6900 North Bay Init 1606 unny Isles Beac	Address:		
Name and Title:	J	Name and		
_				
			Title:	
Address		Address:	-	

Name and	d Title: Name and Title:
Address	Address:
ARTICLE VI	REGISTERED AGENT
The name and Fl	prida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Bohdan Mastykaz
Address:	16900 1/24 Rould
	120+ 1606 Sunar Tolex Beach, FL 33160
	Unit 1606, Sunny Isles Beach, FL 33160
ARTICLE VII	INCORPORATOR
The name and ad	dress of the Incorporator is:
Name:	Bondan Mastykaz
Address:	16900 Noch Da. Jaj 1101+ 1606
	5 mm Toler Deach El 33/60
	Sunny Foles Beach, FL 33160
	ned as registered agent to accept service of process for the above stated corporation at the place designated in
this certificate, I a	m familiar with and accept the appointment as registered agent and agree to act in this capacity
12-4	m 1919
	Required Signature/Registered Agent Date
	ument and affirm that the facts stated herein are true. I am aware that the false information submitted in a
document to the l	Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	1/20
Knl	Required eighature/Incorporator Date
	- Committee of the comm