P15000023993

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Вс	usiness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

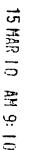
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COVER LETTER

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

SUBJECT:	OLEG TICKETS, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 o Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Campbells Inc	ome Tax Ser	vice		
		67th Street			
		Address			
	North Miami Be		33162		
	·	State & Zip			
		48-3899			
	•	clephone number			
	campbellsincon E-mail address: (to be use	netax1@msn d 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)

	tion shall be: OLEG TICKE	-,		
ARTICLE II PRII	NCIPAL OFFICE Principal street address	M	ailing address, if different is:	
220 SW 9TH	· · · · · · · · · · · · · · · · · · ·			
#408				_
Hallandale,	Florida 33009			_
ARTICLE III PUR. The purpose for which the p	POSE the corporation is organized is:	's Ticket Sales	and All Lawful Busines	s
ARTICLE IV SHA The number of shares of	RES 5,000 Shares		15 MAR	
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTO	ORS	10	-3 .
Name and Title	Olog A Shakarov	Name and Title:	A	* **
Address	220 SW 9th Avenue	Address:	<u></u>	35.4 13.1
Addiess	#408		\supset	
	Hallandale, Florida 33009			
Name and Title:		Name and Title:		
Address		Address:		_
				_
Name and Title:		Name and Title:		_
Address		Address:		_

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Oleg A Shakarov	
Address:	220 SW 9th Avenue, # 408	-
	Hallandale, Florida 33009	-
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Gleg A Shakarov	
Address:	/220 SW 9th Avenue, #408	_
	Hallandale, Florida 33009	-
Having been nam this certificate, I d	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporation at the place designated in existered agent and agree to act in this capacity
/	//Required Signature/Registered Agent	3/4/2015 Date
	1/	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
		3/4/2015
	Required Signature/Incorporator	Date