PIS000096395

(Requestor's Name)				
(Address)				
(Address)				
(C	city/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
<u>P.</u>				



W15 -71286



200277991032

10/23/15--01008--008 **70.00

15 DEC -1 FM L: NO



COVER LETTER

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

SUBJECT: DukeSo	oft Inc.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRE		PY REQUIRED		
FROM: An	drei Anisimov Nam	e (Printed or typed)			
696	8 Stoney Creek Cir				
		Address			
Lak	e Worth, FL 33467				
	•	, State & Zip			
201	-256-5417				
	•	Telephone number			
anis	imovandr@gmail.com				
	E-mail address: (to be use	ed for future annual report r	notification)		

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2015

ANDREI ANISIMOV 6968 STONEY CREEK CIR LAKE WORTH, FL 33467

SUBJECT: DUKESOFT INC. Ref. Number: W15000071686

We have received your document for DUKESOFT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 015A00022915

Consent to use similar name

I, Andrei Anisimov, owner and manager of DUKESOFT LLC. consent to Andrei Anisimov to register the name DUKESOFT INC.

Dated: 11/16/15

Andrei Anisimov, manager

CORY ENDER

Notary Public - State of Florida
My Comm. Expires May 21, 2017

Commission # FF 020388

Coy Ender-Notory Publice



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

AKTICLET NAME	ion shall be:		
ARTICLE II PRINC	IPAL OFFICE		
6968 Stoney Creek Cir	Principal street address	Mailing ad	dress, if different is:
Lake Worth, FL 33467			
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:	y and all lawful business.	
			7
			2 0 m
			Control ones
ARTICLE IV SHARI The number of shares of	ES 10,000,000 stock is:		EFERRIDA
	L OFFICERS AND/OR DIRECTO Andrei Anisimov, President		
Address	6968 Stoney Creek Cir		
	Lake Worth, FL 33467		
Name and Title:		Name and Title:	
Address		Address:	
			
Name and Title:		Name and Title:	
Address		Address:	•

Name an	d Title:	Name and Title:
Address	·	Address:
	***************************************	/
	REGISTERED AGENT	
	orida street address (P.O. Box NOT acc Andrei Anisimov	eptable) of the registered agent is:
lame:	6968 Stoney Creek Cir	
Address:	Lake Worth, FL 33467	areasters of the secondary of the second
RTICLE VII	INCORPORATOR .	
he <u>name and ac</u>	Idress of the Incorporator is:	- 3
Name:	Andrei Anisimov	
Address:	6968 Stoney Creek Cir	
	Lake Worth, FL 33467	
ffective date, if		(OPTIONAL) nd cannot be more than five business days prior or 90 business
ote: If the date		pplicable statutory filing requirements, this date will not be listed as records.
aving been nan is certificate, I	ned as registered agent to accept service of the appointment of the ap	of process for the above stated corporation at the place designated i tent as registered agent and agree to act in this capacity
		10/18/2015
	Required Signature/Registered A	Agent Date
submit this doc	ument and affirm that the facts stated h Department of State constitutes a third de	erein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S.
		10/18/2015
Requi	red Signature/Incorporator	Date

y:(; ,