

P16000034465

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(City/State/Zip/Phone #)

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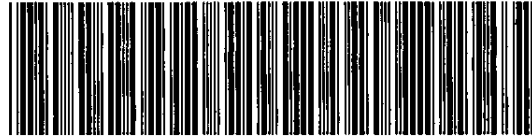
(Business Entity Name)

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STATE OF ARIZONA
DIVISION OF CORPORATIONS
16 MAR 28 PM 11:52

COVER LETTER

Department of State
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RECEIVED
DIVISION OF CORPORATIONS
16 MAR 28 PM 11:52

SUBJECT: PLATINUM SEAT 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CAMPBELLS INCOME TAX SERVICE INC.

Name (Printed or typed)

354 NE 167TH STREET

Address

NORT MIAMI BEACH, FLORIDA 33162

City, State & Zip

(305)948-3899

Daytime Telephone number

campbellsincometax1@msn.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 INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PLATINUM SEAT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
751 NE 199TH STREET

202

NORTH MIAMI, FLORIDA 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EVENT'S TICKECT SALES AND ALL LAWFUL BUSINESS
IN FLORDIA.

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLEG A SHAKAROV- PRESIDENT

Name and Title: _____

Address 751 NE 199TH STREET #202

Address: _____

NORTH MIAMI, FLORIDA 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
16 MAR 28 PM 11:52

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: OLEG A SHAKAROV

Address: 751 NE 199th STREET #202
NORTH MIAMI, FLORIDA 33179

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CAMPBELLS INCOME TAX SERVICE

Address: 354 NE 167TH STREET
NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/23/16
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

03-23-16
Date

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