

PI60000064700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

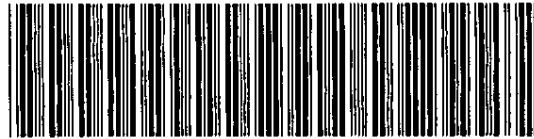
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
7/25/16

2010-20095



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2016

KSENIA SHINKARYUK  
3470 E. COAST AVE., SUITE H1103  
MIAMI, FL 33137

SUBJECT: KSENIA SHINKARYUK P.A.  
Ref. Number: W16000026695

We have received your document for KSENIA SHINKARYUK P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 216A00007400

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

KSENIA SHINKARYUK P.A.

**SUBJECT:** \_\_\_\_\_  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

KSENIA SHINKARYUK  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
3470 E. COAST AVE, SUITE H1103  
\_\_\_\_\_  
Address  
MIAMI, FL 33137  
\_\_\_\_\_  
City, State & Zip  
347.416.4974  
\_\_\_\_\_  
Daytime Telephone number  
SHIK900@GMAIL.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: Ksenia Shinkaryuk P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5701 SW 51st Street  
Miami Florida 33155

Mailing address, if different is:  
5701 SW 51st Street  
Miami Florida 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Agent

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ksenia Shinkaryuk President Name and Title: \_\_\_\_\_

Address 5701 SW51st Street Address: \_\_\_\_\_  
Miami, Florida 33155

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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: Brito & Brito Accounting, Inc  
Address: 407 Lincoln Road, Suite 9A  
Miami Beach Florida 33139

**ARTICLE VII INCORPORATOR**

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

Name: Ksenia Shinkaryuk  
Address: 5701 SW 51st Street  
Miami Florida 33155

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**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

7/15/2016  
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

7/15/2016  
Date