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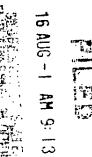
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
:				
<u>:</u>				

Office Use Only



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COVER LETTER

11

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

SUBJECT: MIAMI	LUXURY WAT	ERSPORTS INC.		
SUBJECT.	(PROP	ÖSED CORPORAT	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:
\$70.00 Filing Fee			\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certifica	e of Status	& Certified Copy ::	& Certificate of Status
		į	ADDITIONAL CO	PY REQUIRED
FROM:	RUK BISHEVA		(Printed or typed)	
120	00 14 ST #5C	·	(Trined or typed)	
		. A	ddress	
MI	AMI BEACH	FLORIDA 33139		
		City, S	State & Zip	
305	55378531	Daytime Te	lephone number	
fara	ukbisevac@gmail		repriorie minosi	

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

E-mail address: (to be used for future annual report notification)

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

Principal street address 680 MICHIGAN AV SUITE #700		Mailing address, if different is:	
e purpose for which USSINES	the corporation is organized is:	ENT RENT ,TOURS AND A	ALL TRADE AND LEGA
	· · · · · · · · · · · · · · · · · · ·		
	÷		
<u>PTICLE IV</u> SHAP e number of shares o	RES 100 @\$1.00 f stock is:	•	
	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
Name and Tit	AL OFFICERS AND/OR DIRECTORS le:	Name and Title:	
Name and Tit	AL OFFICERS AND/OR DIRECTORS le: 1200 14ST #5C	Name and Title:	
Name and Tit	AL OFFICERS AND/OR DIRECTORS FARUK BISHEVAC PRES. 1200 14ST #5C MIAMI BEACH FLORIDA 33139 ZURAR KEVKHISHVILL SCV	Name and Title:	6 AUG
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS FARUK BISHEVAC PRES. 1200 14ST #5C MIAMI BEACH FLORIDA 33139 ZURAR KEVKHISHVILL SCV	Name and Title: Address:	16 AUG - 1
Name and Tit Address Name and Title	AL OFFICERS AND/OR DIRECTORS 1e: 1200 14ST #5C MIAMI BEACH FLORIDA 33139 2URAB KEVKHISHVILI SCY	Name and Title: Address: Name and Title: Address: Address:	6 AUG
Name and Tit Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS FARUK BISHEVAC PRES. 1200 14ST #5C MIAMI BEACH FLORIDA 33139 ZURAB KEVKHISHVILI SCY 2301 COLLINS AV # 928 MIAMI BEACH FLORIDA 33139	Name and Title: Address: Name and Title: Address:	6 AUG - 1 AM 9: 13

Name a	nd Little:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	FARUK BISHEVAC	
Address:	1200 14 ST # 5C	
	MIAMI BEACH FLORIDA 33139	:
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	FARUK BISHEVAC	
Address:	1200 14 ST #5C	
	MIAMI BEACH FLORIDA 33139	
Effective date, i		(OPTIONAL) unot be more than five business days prior or 90 business
Note: If the da		ole statutory filing requirements, this date will not be listed a
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporation at the place designated registered agent and agree to act in this capacity
	Tour States	07/28/2016
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fe	ire true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
		07/28/2016
Req	uired Signature/Incompletatol	Date