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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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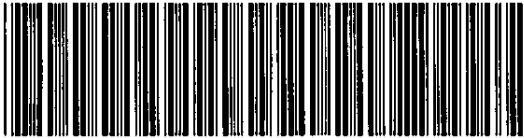
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 29 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: INTER-ANTIQUE, 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: LARRY CHOLAK

Name (Printed or typed)

5070 CENTRAL SARASOTA PRKWY, #208

Address

SARASOTA FLORIDA 34238

City, State & Zip

(941) 539-7185

Daytime Telephone number

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: INTER-ANTIQUÉ, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5070 CENTRAL SARASOTA PRKWY, #208

SARASOTA FLORIDA 34238

Mailing address, if different is: 2016 AUG 29 AM 7:38

SE. COUNTY OF STATE
HASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

RETAIL AND WHOLESALE ANTIQUE GOODS.

ARTICLE IV SHARES

200 SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY CHOLAK, PRESIDENT

Name and Title: _____

Address 5070 CENTRAL SARASOTA PRKWY,

Address: _____

#208

SARASOTA FLORIDA 34238

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2016 AUG 29 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: LARRY CHOLAK

Address: 5070 CENTRAL SARASOTA PRKWY ,#208

SARASOTA FLORIDA 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALENTINATIKHONOVA,ACCOUNTANT

Address: 1797 STILLWELL AVENUE

BROOKLYN NY 11223 PH. (718)331-0500

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2016 (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

L. Cholac

08/22/2016

Required Signature/Registered Agent

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.

V. TIKHONOVA

08/22/2016

Required Signature/Incorporator

Date