

P16000098144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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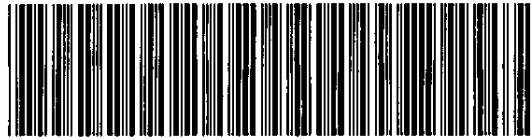
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C. GOLDEN

DEC 13 2016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

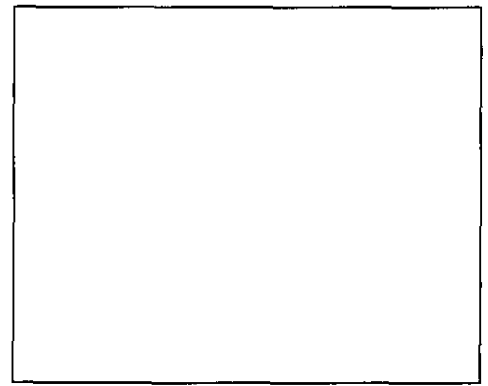
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WALK-IN

ENTITY NAME:

TOTAL V123 WHS, INC.

CK# 7470 FOR \$70.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

- ☐ CERTIFIED COPY
- ☒ STAMPED COPY
- ☐ CERTIFICATE OF STATUS

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TALLAHASSEE, FLORIDA

Examiner's Initials

COVER LETTER

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

SUBJECT: TOTAL V123 WHS, 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: DROR SVORAI
Name (Printed or typed)

20725 NE 16th Ave, Unit A48
Address

Miami, Florida 33179
City, State & Zip

954-383-0734
Daytime Telephone number

dsvorai@hotmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME

The name of the corporation shall be: TOTAL V123 WHS, INC. 2016 DEC 13 PM 3: 56

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20725 NE 16th Ave., Unit A48

Miami, Florida 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dror Svorai, P, T

Name and Title: Yaniv Nahon, V, S

Address 20725 NE 16th Ave., Unit A48
Miami, Florida 33179

Address: 20725 NE 16th Ave., Unit A48
Miami, Florida 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Dror Svorai
Address: 20725 NE 16th Ave., Unit A48
Miami, Florida 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dror Svorai
Address: 20725 NE 16th Ave., Unit A48
Miami, Florida 33179

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 days prior or 90 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

December 8, 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

December 8, 2016

Date

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TALLAHASSEE FLORIDA