

PH 000039046

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SVET SOLUTIONS CORP

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Corporate Filing Menu

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FLORIDA DEPARTMENT OF REVENUE

17 MAY -1 AM 10:42

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:SVET Solutions Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 2871 NW 7th Ct, Ft Lauderdale, FL 33311M: 5375 NW 15th St, Unit 5286, Miami Lakes, FL**ARTICLE III SHARES:** The number of shares of stock is: 1,000,000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Olga Svetova - PresidentDerrick Robinson - Vice President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Olga Svetova2871 NW 7th Ct, Ft Lauderdale, FL 33311**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OLGA SVETOVA2871 NW 7th CtFT LAUDERDALE FL 33311

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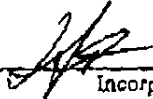
**Required Signatures:**

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

 \_\_\_\_\_  
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.

 \_\_\_\_\_  
Incorporator

 \_\_\_\_\_  
Date

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PALM BEACH COUNTY

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