P17000068468

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

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08/15/17

COVER LETTER

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

SUBJECT:/	Dovid Ros	sinsky	•
, e b e b e r	(PROPOSED CORPORAT	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Dovid Ros	(Printed or typed)	
	4037 A	<u>alache</u>	e Park way
	Tollahasse City.		2311
	\$50 694 Daytime T	86/6 elephone number	·
	E-mail address: (to be used	l 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 sl	hall be: Oovid K	esimsky	1 Con 7	ract.	79;	In
4037 APL		/	Mailing address,			
ARTICLE III PURPOSE	eporation is organized is:					
				· · · · · · · · · · · · · · · · · · ·	2017 AL	
ARTICLE IV SHARES The number of shares of stock	s is:			######################################	S 15 P1 2: 29	FILED
	FICERS AND/OR DIRECTOR Pres , den 1 Onu, d Ros x 4037 Apolaci Lat 5	+	Fide:			
Name and Title:	Lat 5	Name and				
Name and Title:		Name and				
						

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	NOT acceptable) of the registered agent is:
Name: Pour d Ro	5-05/04
Address: 4037 A	cat 5
ARTICLE VII INCORPORATOR	SSEC PE
Name: Or or of the Incorporator is:	Rossins de
Address: 4037 A	Lot 5
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
	be specific and cannot be more than five days prior or 90 days after the
	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
Having been named as registered agent to accept this certificate, I am fortifier with and accept t	cept service of process for the above stated corporation at the place designated i the appointment as registered agent and agree to act in this capacity
1/4/1/0	8-15-17
Required Signature/	
I submit this document and affirm that the fi document to the Department of State constitut	acts stated herein are true, I am aware that the false information submitted in as a third dogree felony as provided for in s.817.155, F.S.
I sould	Kosinh 8-15-17
Required Signature/Incorporator	Date