## P19000083047

(Re	(Requestor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	<u> </u>			
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar				
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<u> </u>	A Nillian In and				
(LXC	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
Special instructions to	Tilling Officer.	ĺ			
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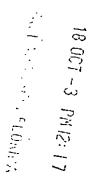
Office Use Only

N. SAMS OCT 05 2018



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## **COVER LETTER**

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

SUBJECT:	Inc		
SUBJECT.	(PROPOSED CORPORA	ATË NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	as Dudko Nam	e (Printed or typed)	
110	0 Brickell Bay Dr. #Apt.24N		
		Address	
Mia	mi, FL, 33131		
	City	, State & Zip	
919	6990177		
	Daytime 1	Telephone number	
tara	s@totalcan.com		
	E-mail address: (to be use	ed for future annual report r	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)

he name of the corporation sh	Barvina Inc all be:		
1100 Brickell	OFFICE pal street address Bay Dr. # Apt	Z4NMailing a	ddress, if different is:
Miami FZ	33 [ 3]	<del></del>	
RTICLE III PURPOSE e purpose for which the con	ooration is organized is:	e digital media and other leg	al ventures.
			. 18
TICLE IV SHARES e number of shares of stock i	10000 s:		007 -3
TICLE V INITIAL OF A	FICERS AND/OR DIRECTORS s Budko P	Name and Title:	PM I2: 17
Address 1100	Brickell Bay Dr. #Apt.24N	Address:	
	, , , , , , , , , , , , , , , , , ,		
Name and Title:		Name and Title:	
Addr <b>e</b> ss		Address:	
Address		Address:	
		<del></del>	

Name and	d Title:	Name and Title:	<del></del>
Address	<del>.</del>	Address:	
		<del></del>	
	REGISTERED AGENT		
The name and Fi	oridn street address (P.O. Box NOT acceptabl	c) of the registered agent is:	
Name:	Registered Agents Inc.	<u>.</u>	
Address:	3030 N. Rocky Point Drive	<u> </u>	18
	Tampa FL 33607	<del></del>	
ARTIÇLE VII	<u>INCORPORATOR</u>		-3 PHI2:17
The name and ac	deress of the incorporator is:		
Name:	Taras Budko		PH 12: 17
Address:	1100 Brickell Bay Dr. #Apt.24N		7
	Miami, FL, 33131		
(If an effective d filing.)  Note: If the date	other than the date of filing:  ate is listed, the date must be specific and call inserted in this block does not meet the application of the date on the Department of State's reconfictive date on the Department of State's	nnot be more than five days prior o able statutory filing requirements, this	·
	ned as registered agent to accept service of pro am familiar with and accept the appointment a	s registered agent and agree to act in t	
_	Required Signature/Registered Agent		9/28/2018
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false in clony as provided for in \$.817.155, F.2	nformation submitted in a S.
	Due		9/28/2018
Requi	red Signature/Incorporator		Date