P18000090869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 NOV -1 PM 12:23

COVER LETTER

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

SUBJECT: MALIKA KUTFITDINOVA P.A.
(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: MALIKA KUTFITDINOVA
Name (Printed or typed)

1296 SW 115TH AVE
Address

DAVIE FLORIDA 33325
City, State & Zip

7865632286
Daytime Telephone number

REALTORMALIKA@GMAIL.COM
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: MALIKA KUTFITDINOVA P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1296 SW 115TH AVE

DAVIE FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM REAL ESTATE SERVICES AND COMPLY WITH THE GUIDELINES OF DBPR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MALIKA KUTFITDINOVA,CEO

Address 1296 SW 115TH AVE

DAVIE FLORIDA 33325

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: MALIKA KUTFITDINOVA

Address: 1296 SW 115TH AVE

DAVIE FL 33325

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SAME AS ABOVE

Address: _____

_____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/20/2018. (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

_____ 10/30/18

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.

_____ 10/30/18

Required Signature/Incorporator Date