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1/29/2019 Division of Corporations

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 : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

19 FEB -2 AM 9:38

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Legalzconsulting@protonmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TSY Management Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

2019 JAN 22 PM 3:37

2019 JAN 32 AM 9:38

Electronic Filing Menu Corporate Filing Menu Help

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: TSY Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is
2008 N. 19th St. Apt 107	
Tampa, FL 33605	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management company

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariia Tsybenko, President	Name and Title:
Address: 2008 N. 19th St. Apt 107	Address:
Tampa, FL 33605	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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2019 JAN 28 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Vcorp Services, LLC

Address: 5011 South State Road 7, Suite 106

Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Zanoletti

Address: 25 Robert Pitt Dr. Suite 204

Monsey, NY 10952

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.

_____ 01/29/2019

Registered Signature/Registered Agent Date

Miriam Nachison, Asst. Secretary

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.

_____ Melissa Zanoletti 01/29/2019

Required Signature/Incorporator Date