

07/17/2019 04:16 PM FAX 548 2 6

SORSHER & ASSOCIATES

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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 : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SA&F CREW, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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2019 JUL 18 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL 18 AM 9:36

N. SAMS
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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: SA&F CREW, CORP.

(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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2019 JUL 18 PM 1:16

FILED

FROM: Aleksei Slatviiskii
Name (Printed or typed)
1109 NE 2nd St.
Address
Hallandale FL 33009
City, State & Zip
954-842-2931
Daytime Telephone number
alex11091133@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 NAMEThe name of the corporation shall be: SA&F CREW, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

1109 NE 2nd St.Hallandale, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Aleksei Slarvitskii - President

Name and Title: _____

Address 1109 NE 2nd St.

Address: _____

Hallandale, FL 33009

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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 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: Aleksei Slatvitskii
Address: 1109 NE 2nd St.
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aleksei Slatvitskii
Address: 1109 NE 2nd St.
Hallandale, FL 33009

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/15/2019. (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:


Required Signature/Registered Agent

07/15/2019

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.


Required Signature/Incorporator

07/15/2019

Date

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Address: _____

Hallandale, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2019 JUL 18 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

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