

**P19000032635**

Florida Department of State  
Division of Corporations  
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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.\*\***

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19104-5 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
APEX ESTATE BUYERS BOCA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**COVER LETTER**

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

**SUBJECT:** APEX ESTATE BUYERS BOCA, INC.

(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:** GABRIEL NIYAZOV

Name (Printed or typed)

9045 LA FONTANA BLVD UNIT 215-B

Address

BOCA RATON, FL 33434

City, State & Zip

954-559-1848

Daytime Telephone number

GABRIEL@PREMIERESTATEBUY.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: APEX ESTATE BUYERS BOCA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9045 I.A FONTANA BLVD UNIT 215-B9045 I.A FONTANA BLVD UNIT 215-BBOCA RATON, FL 33434BOCA RATON, FL 33434**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LEGAL BUSINESS AND SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIEL NIYAZOV - P

Name and Title: \_\_\_\_\_

Address 9045 LA FONTANA BLVD UNIT 215-B

Address: \_\_\_\_\_

BOCA RATON, FL 33434

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ 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: GABRIEL NIYAZOV  
Address: 9045 LA FONTANA BLVD UNIT 215-B  
BOCA RATON, FL 33434

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GABRIEL NIYAZOV  
Address: 9045 LA FONTANA BLVD UNIT 215-B  
BOCA RATON, FL 33434

**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*

G.N. 11/04/2019  
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.*

G.N. 11/04/2019  
Required Signature/Incorporator Date