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 : 120080000067

Phone : (845)425-9977 Fax Number : (845)818-3588

\*\*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

Mol Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

11/08/2019 16:19 (FAX)845 818 3588 P.002/003

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADTICLE II DRIN	Mot Management, Inc.			
<u>ARTICLE II PRIN</u>	Principal street address	Mailing addr	ess. if different is:	
2046 Sharbrook Ave		2046 Sherbrook Ave	2046 Sherbrook Ave	
Davenport, FL 33837		Davenport, FL 33837		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	gement Company		
<del></del>				
			<u>.</u>	
1 <i>RT/CLE IV SHAR</i> The number of shares of			To	
The number of shares o	f stock is:			
The number of shares of the control	f stock is:  AL OFFICERS AND/OR DIRECTOR.  Roman Valeringich Malchanou Pre	-7.4A	÷.	
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Name and Title:		Name and Title:		
Address		Address:		
			<del></del>	
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	Veorp Services, LLC		5.5	
Address:	5011 South State Road 7, Suite 106	- <u></u> -	3	٠
	Davic, FL 33314		 	ì
			, -11	,
ARTICLE VII	<u>INCORPOBATOR</u>		*. *	,
The name and	address of the Incorporator is:		:5	
Name;	Rucesa Ibrahim		た (2)	
Address:	25 Robert Pitt Driva, Suite 204			
	Monsey, NY 10952			
ARTICLE VIII	EFFECTIVE DATE:	•		
Effective date,	f other than the date of filing:	(OPTIONAL)		
(If an effective days after the )		annot be more than five business days prior or 90 busi	nic22	
	te inserted in this block does not meet the applica effective date on the Department of State's reco	able statutory lifting requirements, this date will not be listeds.	led as	
Having been no this certificate, I	nned as registured agent to occept service of pro I am familiar with Ghd accept the appointment a	wess for the above stated corporation at the place design registered agent and agree to act in this capacity	ioted (n	
<i>~</i>	~~ ~~	10/31/2019		
-	Required Signature/Registered Agent	Date		
l submit this do	cument and affirm that the facts stated herein	are true. I am aware that the false information submitt	ed in o	
mocsiment to the	Department of State constitutes a third degree for	etony as provided for in s.817.155, F.S.		
	KINUEL	10/31/2019		
Requ	ired Signature/Incorporator	Date		