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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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2019 DEC -4 PH 3: 51

COVER LETTER

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

| SUBJECT: Kuril Sunrise INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | | | |
|---|--|--|---|--|--|--|
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | | |
| ☆ \$7 0.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | | |

| FROM: | |
|--|---------------------------------|
| Name (Printed or typed) | |
| 4161 Ashcroft Court Unit 221 Address | 2019 DEC SECRETA FALLAHAS |
| Estero, Florida 33928 City, State & Zip | C-4 C-4 ASSE |
| 260-414-7134 | PH 3: 51 |
| Daytime Telephone number | 51 TE ADA |
| info@kurilsunrise.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 corporat | ion shall be: Kuril Sunrise INC. | | | |
|--|--|------------------------|--|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address 4161 Ashcroft Court Unit 221 Estero, Florida 33928 | | Mailing addr n/a | Mailing address, if different is: | |
| ARTICLE III PURPO The purpose for which t | OSE the corporation is organized is: Started | a new business. Any ar | nd all lawful business. | |
| | | | | |
| ARTICLE IV SHARA The number of shares of | | | PILED 2019 DEC -4 PH SECRETARY OF S TALLAHASSEE. FI | |
| - | LOFFICERS AND/OR DIRECTORS E Keila Smith President | Name and Title: | H 3: 5 | |
| Address | 4161 Ashcroft Court Unit 221 | Address: | P | |
| Name and Title: | Estero, FL 33928 | Name and Title: | | |
| Address | | Address: | | |
| Name and Title | | | | |
| Address | | Address: | | |
| | | | | |

-5

| . Name a | nd Title: | Name and Title: | |
|--|--|---|---|
| Addres | is | | |
| | | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | Smith, Keila | | |
| Address: | 4161 Ashcroft Court Unit 221 | | |
| | Estero, Florida 33928 | _ | 201 SE TAL |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | FILED 2019 DEC -4 PM 3: 51 SECREJARY OF STATE ALLAHASSEE, FLORID |
| The name and a | address of the Incorporator is: | | FILED EC-4 PA DARY OF MASSEE, F |
| Name: | Smith, Keila | <u> </u> | PH (|
| Address: | 4161 Ashcroft Court Unit 221 | _ | 3: 51 SATE SATE |
| | Estero, Florida 33928 | | æ |
| Effective date, i (If an effective filing.) Note: If the date | EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and can te inserted in this block does not meet the applicate effective date on the Department of State's record | not be more than five days prior ble statutory filing requirements, the | · |
| | med as registered agent to accept service of process familiar with and accept the appointment as regis | | |
| | Kah Jat Required Signature/Registered Agent | | 12 / 02 / 2019 |
| | Required Signature/Registered Agent | | Date |
| | ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel | ony as provided for in s.817.155, F | |
| | Kak Jat ture/Incorporator | | 12 / 02 / 2019 |
| Required Signat | ture/Incorporator | Date | 12 / 02 / 2019 |

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