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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

Genter the email address for this business entity to be used for future Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION AC UNIT 800, CORP.

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T. SCOTT

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January 9, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

SORSHER & ASSOCIAITES, LLC.

SUBJECT: AC UNIT 800, CORP.

REF: W20000001918

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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COVER LETTER

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

SUBJECT:	AC UNIT 800, COR	4b	
-	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
¥ \$70.00 Filing Fee	☐ \$78.75 Filing Fce & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
FROM:	IRINA GE	JBINA (Printed or typed)	
	18975 COLLINS AV	/E. APT 800	
		Address	
		BEACH, FL 33160 State & Zip	
	Daytime 17	elephone number	<u>-</u>
	I.GUBINA@MA	IL.RU	
	E-mail address: (to be used	for future annual report no	tification)

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)

Principal street address Responded to the principal street address Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160 Responded to the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ANY AND ALL LAWFUL BUSINESS Responded to the corporation and principal street address and principal street address. Responded to the principal street address and the principal street address and the principal street address. Responded to the principal street address and the principal s	Principal Street address Principal Street address Principal Street address Mailing address, if different is: 18975 COLLINS AVE, APT 800 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 LE III PURPOSE Tose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ANY SHARES Der of shares of stock is: 100 E V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: IRINA GUBINA - P Name and Title: SUNNY ISLES BEACH, FL 33160 Name and Title: Name and Title: Name and Title: Name and Title:	TLE I NAME me of the corporation shall be: A	NC UNIT 800 CORP
LEIV SHARES ber of shares of stock is: 100 EV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: IRINA GUBINA - P Name and Title: Name and Name and Title: Name and N	LE IV SHARES Inber of shares of stock is: 100 LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: IRINA GUBINA - P Name and Title: Name and Title: SUNNY ISLES BEACH, FL 33160 Name and Title: Name and	PRINCIPAL OFFICE Principal street address 18975 COLLINS AVE. APT 800 SUNNY ISLES BEACH, FL 33160	Mailing address, if different is: 18975 COLLINS AVE, APT 800 SUNNY ISLES BEACH, FL 33160
Der of shares of stock is: 100 E V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: IRINA GUBINA - P Name and Title: Name and Name and Title: Name and Nam	ber of shares of stock is: 100 E V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: IRINA GUBINA - P Name and Title:		
	ame and Title:Name and Title:	EIV SHARES ber of shares of stock is: 100 E V INITIAL OFFICERS AND/OR DE	IRECTORS

Name ni	nd Title:	Name and Title:	
Address	<u> </u>		
<u>ARTICLE VI</u>	<u>REGISTERED AGEN</u> T		
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	IRINA GUBINA		
Address:	18975 COLLINS AVE, APT 800		
	SUNNY ISLES BEACH, FL 33160	_	
APTICLE IZO	Il/Course and		
	INCOKPORATOK		
The name and ad	dress of the Incorporator is:		
Name:	IRINA GUBINA	_	
Address:	18975 COLLINS AVE, APT 800	_	
	SUNNY ISLES BEACH, FL 33160	_	
Effective date, if a	EFFECTIVE DATE: ther than the date of filing: tte is listed, the date must be specific and cannot	(OPTIONA of be more than five days	l.) prior or 90 days after the
Note: If the date in the document's eff	nscried in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requireme	nts, this date will not be listed as
Having been name certificate, I am fa	al as registered agent to accept service of process f miliar with and accept the appointment as register	or the above stated corpora ed agent and agree to act l	tion at the place designated in this n this capacity
	Arina Gubina		04/00/2000
	Required Signature/Registered Agent	-	01/09/2020 Date
I submit this docu. document to the De	ment and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the y as provided for in 8817.1	false information submitted in a 55, F.S.
	Arina Gubina		01/09/2020
Required Signature	/Incorporator	· · · ,	Date