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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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**FLORIDA PROFIT/NON PROFIT CORPORATION
RUS EXPORT-IMPORT, INC.**

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

K. PAGE
FEB 13 2020

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COVER LETTER

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

SUBJECT: RUS EXPORT-IMPORT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GLINKIN, ALEXEY
Name (Printed or typed)

18911 COLLINS AVE #606
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(407)616-5697
Daytime Telephone number

GLINKIN1972@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: RUS EXPORT-IMPORT, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address18911 COLLINS AVE #806SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

18911 COLLINS AVE #806SUNNY ISLES BEACH FL 33160**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: GLINKIN, ALEKSEY -P

Name and Title: _____

Address 18911 COLLINS AVE #806

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: GLINKIN, ALEKSEY
 Address: 18911 COLLINS AVE #806
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLINKIN, ALEKSEY
 Address: 18911 COLLINS AVE #806
SUNNY ISLES BEACH, FL 33160

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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

Alexey Glinkin

Required Signature/Registered Agent

02/12/2020

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.

Alexey Glinkin

Required Signature/Incorporator

02/12/2020

Date