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2/20/20

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001
FROM: SORSHER & ASSOCIATES, LLC. ACCT#: I20170000056
CONTACT: ALEX SORSHER
PHONE: (954)842-2931 FAX #: (954)842-2936

NAME: INNMARK, INC.
AUDIT NUMBER.....H20000054847
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 4
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. \$70.00

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR:

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COVER LETTER

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

SUBJECT: INNMARK, 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: SERGEI KUGUK
Name (Printed or typed)

900 N FEDERAL HWY STE 203
Address

HALLANDALE, FL 33009
City, State & Zip

Daytime Telephone number

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: INNMARK, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

900 N FEDERAL HWY STE 203900 N FEDERAL HWY STE 203HALLANDALE, FL 33009HALLANDALE, FL 33009**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SERGEI KUGUK - P

Name and Title: _____

Address 900 N FEDERAL HWY STE 203

Address: _____

HALLANDALE, FL 33009

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SERGEI KUGUK
Address: 900 N FEDERAL HWY STE 203
HALLANDALE, FL 33009

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SERGEI KUGUK
Address: 900 N FEDERAL HWY STE 203
HALLANDALE, FL 33009

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

Sergei Kuguk
Required Signature/Registered Agent

02/18/2020
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.

Sergei Kuguk
Required Signature/Incorporator

02/18/2020
Date

FILED
2020 FEB 18 PM 3:00
ALLAHABAD, INDIA