

P20000019980

Florida Department of State

Division of Corporations

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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR -4 PM 3:14

FILED

****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

YAREK GLINKA, INC.

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

RECEIVED
2020 MAR -4 PM 4:0803/15/20
2020/3/15

COVER LETTER

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

SUBJECT: YAREK GLINKA, 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: YAREK GLINKA
Name (Printed or typed)

1835 E HALLANDALE BEACH BLVD APT 307
Address

HALLANDALE, FL 33009
City, State & Zip

(754)217-0032
Daytime Telephone number

YAREK.VEGAS@GMAIL.CO
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)

FILED**ARTICLE I NAME**The name of the corporation shall be: YAREK GLINKA, INC.

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ARTICLE II PRINCIPAL OFFICEPrincipal street addressSECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:1835 E HALLANDALE BEACH BLVD, APT 3071835 E HALLANDALE BEACH BLVD, APT 307HALLANDALE, FL 33009HALLANDALE, FL 33009**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: GLINKA, YAREK - P

Name and Title: _____

Address 1835 E HALLANDALE BEACH BLVD, APT 307

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 AGENT

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

Name: GLINKA, YAREK
 Address: 1835 E HALLANDALE BEACH BLVD, APT 307
HALLANDALE, FL 33009

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLINKA, YAREK
 Address: 1835 E HALLANDALE BEACH BLVD, APT 307
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

Yarek Glinka

Required Signature/Registered Agent

03/04/2020

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.

Yarek Glinka

Required Signature/Incorporator

03/04/2020

Date