Horas Department of State 327

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Numbe	r : I20170000056			
	Phone	: (954)842-2931			
	Fax Number	: (954)842-2936			
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Fax Server



March 5, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SORSHER & ASSOCIATES, LLC

SUBJECT: UGEARS USA, CORP.

REF: W20000024592

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000072941 Letter Number: 920A00004921

COVER LETTER

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

SUBJECT:	UGEARS USA, CORP.				
	(PROPOSED CORPORA	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 Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:		IVILI e (Printed or typed)			
	2840 STIRLING RD				
	•	Address			
	HOLLYWOOD, F				
	City, State & Zip				
	(305)930- Daytime T	0176 elephone number			
	USA7UA@GMAI				
	E-mail address: (to be use	d for future annual report n	otification)		

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)

ICLE II PRINC	IPAT OFFICE				
	Principal street address		Mailing address,	if different is:	
2840 STIRLING	RD, SUITE J				-
HOLLYWOOD			2840 STIRLING		<u>. J</u>
-		-	HOLLYWOOI	D, FL 33020	
ICLE III PURPO purpose for which th	<u>SE</u> e corporation is organized is: _	ANY AND ALL LAV	VFUL BUSINESS	<u> </u>	
	· ·				- 2
		······································		<u> </u>	115
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ICLE V INITIAL	ock is:100 OFFICERS AND/OK DIREC	CTORS			
number of shares of s	ock is:100 OFFICERS AND/OK DIREC	CTORS	tle:		
Name and Title:	ock is:100 _ <i>OFFICERS AND/OK DIREC</i> KHACHERASHVILI, RU	CTORS SLAN - P Name and Ti			
Name and Title:	ock is:100 OFFICERS AND/OK DIREC	CTORS SLAN - P Name and Ti TE J _ Address:	- ·		
Name and Title: Address	OCK IS: 100 OFFICERS AND/OK DIRECT KHACHERASHVILI, RU: 2840 STIRLING RD, SUI HOLLYWOOD, FL 330	CTORS SLAN - P Name and Ti TE J Address:			
Name and Title: Name and Title:	OCK IS: 100 OFFICERS AND/OK DIRECT KHACHERASHVILI, RU: 2840 STIRLING RD, SUI HOLLYWOOD, FL 330	SLAN - P Name and Tile TE J Address: D20 Name and Tile			
Name and Title: Address	OCK IS: 100 OFFICERS AND/OK DIRECT KHACHERASHVILI, RU: 2840 STIRLING RD, SUI HOLLYWOOD, FL 330	SLAN - P Name and Tile TE J Address: D20 Name and Tile			
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Name and Title: Address Name and Title: Address	OFFICERS AND/OK DIRECT KHACHERASHVILI, RUI 2840 STIRLING RD, SUI HOLLYWOOD, FL 330	SLAN - P Name and Tile TE J Address: D20 Name and Tile Address: Name and Tile Name and Tile	lle:		

Name and Title:		Name and Title:	
Address			
ARTICLE VI R	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	KHACHERASHVILI, RUSLAN	<u> </u>	
Address:	2840 STIRLING RD, SUITE J	<u>.</u>	
	HOLLYWOOD, FL 33020	_	
<u>ARTICLE VII - I</u>	NCURPORATOR		
The name and ade	iress of the Incorporator is:		
Name:	KHACHERASHVILI, RUSLAN		
Address:	2840 STIRLING RD, SUITE J		
	HOLLYWOOD, FL 33020	_	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and car		
Note: If the date it the document's eff	nserted in this block does not meet the applical fective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as	
Having heen name certificate, I am fai	d as registered agent to accept service of proces miliar with and accept the appointment as regis	s for the above stated corporation at the place designated in thi Stered agent and agree to act in this capacity	
	Ruslan Khacherashvili	03/04/2020	
	Required Signature/Registered Agent	Date	
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	ere true. I am aware that the fulse information submitted in a lony as provided for in s.817.133, F.S.	
	uslan Khacherashvili		
Required Signature	-/Incorporator	Date 03/04/2020	