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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.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION YESH TIKVA, INC.

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Corporate Filing Menu

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COVER LETTER

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

	N		
SORTECL:	YESH TIKVA, INC. (PROPOSED CORPORA	 TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation an	d a check for:
∞ \$ 70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	EDUARD DIACHENKO Name 851 THREE ISLANDS	(Printed or typed) BLVD APT 302	
·	Ä	ddress	
	HALLANDALE, FL 3 City, S	3009 State & Zip	
	(954)470-0	767	
	Daytime Tel	lephone number	
	A954842293	31@GMAIL.COM	
	E-mail address: (to be used to be		ŕ

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corpor	E YESH TIKVA, INC	l.	
RTICLE II PRIN		<u> </u>	
	Principal <u>street</u> address		Mailing address, if different is:
851 THREE ISL	ANDS BLVD APT 302	85	1 THREE ISLANDS BLVD APT 302
HALLANDALE	, FL 33009		HALLANDALE, FL 33009
RTICLE III PURF he purpose for which	the corporation is organized is: ANY ANI	D ALL LAWFULI	BUSINESS
RTICLE IV SHAR c number of shares of			
	: DIACHENKO, EDUARD - P	Name and Title	: DIACHENKO, NATALIA -VP
Address	851 THREE ISLANDS BLVD APT 302	_ Address:	851 THREE ISLANDS BLVD APT 30
	HALLANDALE, FL 33009	-	HALLANDALE, FL 33009
Name and Title:		Name and Title	
Address			
Name and Title:		Name and Title	
Address		Address:	
			
		i	

Name and Title:		Name and Title:		
Addre				
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:		
Name:	DIACHENKO, EDUARD	_		
Address:	851 THREE ISLANDS BLVD APT 302			
	HALLANDALE, FL 33009	_		
ARTICLE VII	INCORPORATOR			
The name and a	ddress of the Incorporator is:			
Name:	DIACHENKO, EDUARD	_		
Address:	851 THREE ISLANDS BLVD APT 302	<u> </u>		
	HALLANDALE, FL 33009	-		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days prior or 90 days after the	:	
Note: If the date the document's e	inserted in this block does not meet the applicable s ffective date on the Department of State's records.	statutory filing requirements, this date will not be list	ted as	
Having heen nam certificate, I am f	ned as registered agent to accept service of process for familiar with and accept the appointment as registered	or the above stated corporation at the place designated ed agent and agree to act in this capacity	in this	
	Eduard Diachenko	03/47/2020		
	Required Signature/Registered Agent	03/17/2020 Date	—	
I submit this doc document to the L	ument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony o	true. I am aware that the false information submitte as provided for in s.817.155, F.S.	d in a	
	duard Diachenko	03/17/2020		
Required Signatur	re/Incorporator	Date		