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Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
DECOLOFT, INC.

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

20 MAR 20 AM 11:51
FILED
2023 MAR 20 AM 7:59

COVER LETTER

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

SUBJECT: DECOLOFT, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: DECOLOFT, INC.
Name (Printed or typed)

1475 SILK OAK DR
Address

HOLLYWOOD, FL 33021
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 NAME
The name of the corporation shall be: DECOLOFT, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

1475 SILK OAK DR 1475 SILK OAK DR
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ALL LEGAL BUSINESS SERVICES

FILED
20 MAR 20
M 11:31
TALLAHASSEE, FL

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DMITRII BUTNARCINE -P Name and Title: VASILE FILAT - VP
Address: 1475 SILK OAK DR Address: 1475 SILK OAK DR
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

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: DMITRII BUTNARCINE

Address: 1475 SILK OAK DR
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DMITRII BUTNARCINE

Address: 1475 SILK OAK DR
HOLLYWOOD, FL 33021

ARTICLE VIII EFFECTIVE DATE: 03/16/2020 (OPTIONAL)
Effective date, if other than the date of filing: _____

(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

Dmitrii Butnarcine
Required Signature/Registered Agent

3/19/2020
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.

Dmitrii Butnarcine
Required Signature/Incorporator

3/19/2020
Date