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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

2020 JUN 25 PM 4:33

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FLORIDA PROFIT/NON PROFIT CORPORATION
CHARIK, CORP.

Certificate of Status	0
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Page Count	04
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C RICO
JUN 25 2020

COVER LETTER

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

SUBJECT: CHARIK, CORP.
(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: CHAROY, OLEKSIY
Name (Printed or typed)
450 GOLDEN ISLES DR, #2C
Address
HALLANDALE, FL 33009
City, State & Zip
(786) 448-0815
Daytime Telephone number
CHAROY@MAIL.RU
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAMEThe name of the corporation shall be: CHARIK, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address450 GOLDEN ISLES DR, #2CHALLANDALE, FL 33009

Mailing address, if different is:

450 GOLDEN ISLES DR, #2CHALLANDALE, FL 33009**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CHAROY, OLEKSIY - P

Name and Title: _____

Address 450 GOLDEN ISLES DR, #2C

Address: _____

HALLANDALE, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
20 JUN 25 AM 11:33

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: CHAROY, OLEKSIYAddress: 450 GOLDEN ISLES DR, #2CHALLANDALE, FL 33009**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CHAROY, OLEKSIYAddress: 450 GOLDEN ISLES DR, #2CHALLANDALE, 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*Oleksiy Charoy

Required Signature/Registered Agent

06/25/2020

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.*Oleksiy Charoy

Required Signature/Incorporator

06/25/2020

Date