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To:	Division of C	Ornorations	
	Fax Number	: (850)617-6381	
From:			
	Account Name	: SORSHER & ASSOCIATES, LLC.	
	Account Number	r : I20170000056	
	Phone	: (954)842-2931	
	Fax Number	: (954)842-2936	
Enter	the email addre	ss for this business entity to be used for f	uture
0111	mar rebord mail	ings. Enter only one email address please.**	•
	il Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION TATIANA REAL ESTATE, INC

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Electronic Filing Menu Corporate Filing Menu

Help

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COVER CETTER

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

SUBJECT:	TATIANA REAL ESTATE, INC				
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFF(X)		
Enclosed are an ori	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	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status		
		THE CO	TIREQUIRED		
FROM:	·				
	Name	(Printed or typed)			
	900 N FEDERAL HWY, STE 306				
	Address				
	HALLANDALE, FL 330	009			
		State & Zip	 ,		
•	(954)243-4948				
	Daytime Te	elephone number			
	TATIANA@WORLD	ENTERPRISEREALTY.C	QM ·		
	E-mail address: (to be used	for future annual report no	tification)		

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)

Principal street address	Mailing ade	dress, if different is:	
900 N FEDEAL HWY, STE 306	900 N FEDEAL HWY, STE 306		
HALLANDALE, FL 33009		HALLANDALE, FL 33009	
PURPOSE purpose for which the corporation is organized is: ANY A	ND ALL LAWFUL BUSINE	<u>ss</u>	
ICLE IV SHARES number of shares of stock is: 100 ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: TATIANA ASAILOV - P Address 900 N FEDEAL HWY, STE 306	Name and Title:		
HALLANDALE, FL 33009 Name and Title: Address	Name and Title:		
Name and Title:			

Name and Title:		Name and Title:		
Address				
		_		
		<u></u> _		
				
ARTICLE VI The name and Flo	REGISTERED AGENT prida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	TATIANA ASAILOV	9Baile 13.		
Address:	900 N FEDERAL HWY STE 306		20	
	HALLANDALE, FL 33009	-		
AUTICLEVAL	MGGBana	_	一类 五月	
	NCORPORATOR			
the game and add	iress of the incorporator is:		្រែ ក្រា 	
Name:	TATIANA ASAILOV	_	13	
Address:	900 N FEDERAL HWY STE 306	_	<i></i>	
	HALLANDALE, FL 33009	_		
Effective date, if or	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) of be more than five days prior (or 90 days after the	
Note: If the date in the document's effe	nscrited in this block does not meet the applicable octive date on the Department of State's records.	statutory filing requirements, this	date will not be listed as	
Having been named certificate. I am fan	l as registered agent to accept service of process failiar with and accept the appointment as register	or the above stated corporation at a ced agent and agree to act in this co	the place designated in this apacity	
	Tatiana Asailov		07/07/2020	
	Required Signature/Registered Agent		Date Date	
I submit this docum document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the false in as provided for in s.817.155, F.S.	oformation submitted in a	
	Tatiana Asailov			
Required Signature	Incorporator	Date -	07/07/2020	