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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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## FLORIDA PROFIT/NON PROFIT CORPORATION AMERICARRIER VAN LINE, INC.

Certificate of Status	U
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## **COVER LETTER**

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

SUBJECT:	AMERICARRIER VAN LINE,	INC.		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFF				
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	I 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 CO	PY REQUIRED	
FROM:	HALAVENKA, SIARHEI Name	e (Printed or typed)		
<u>-</u> -	231 174TH STREET, A	APT 402 Address	<del></del>	
	SUNNY ISLES BEACH, FL 33160  City, State & Zip  (786) 521-2090  Daytime Telephone number			
_				
	SERIJ78@GMAIL.CO	M 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)

CLE II PRINC	'IPAL OFFICE		
TEGIT TRITTE	Principal street address	Maili	ing address, if different is:
31 174TH STR	EET, APT 402		
	····		H STREET, APT 402
<u>SUN</u> NY ISLES	BEACH, FL 33160	SUNNY IS	SLES BEACH, FL 33160
CLETII PURPO			
rpose for which t	ne corporation is organized is:		
ANY	AND ALL LAWFUL BUSINESS		
,			
	<del>-</del>		· · · · · · · · · · · · · · · · · · ·
		<del></del>	<del></del>
<del>_</del> ,	<u></u>		<del></del>
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	<u></u> .		
TLE IV SHARE THE IV INITIA			
nber of shares of o	stock is:	Nume and Title:	
nber of shares of o	HALAVENKA, SIARHEI	Nume and Title:	
the of shares of the office of shares of the office of shares of the office of the off	HALAVENKA, SIARHEI 231 174TH STREET, APT 402	Address:	<u> </u>
nber of shares of or the share of share and Title	HALAVENKA, SIARHEI	Address:	
nber of shares of or the share of share and Title	HALAVENKA, SIARHEI 231 174TH STREET, APT 402	Address:	<u> </u>
The V INITIA  Name and Title  Address	HALAVENKA, SIARHEI 231 174TH STREET, APT 402 SUNNY ISLES BEACH, FL 33160	Address:	
The V INITIA  Name and Title  Address  Name and Title:	HALAVENKA, SIARHEI 231 174TH STREET, APT 402	Address:	
The V INITIA  Name and Title  Address	HALAVENKA, SIARHEI 231 174TH STREET, APT 402 SUNNY ISLES BEACH, FL 33160	Address: Name and Title:	
The V INITIA  Name and Title  Address  Name and Title:	HALAVENKA, SIARHEI 231 174TH STREET, APT 402 SUNNY ISLES BEACH, FL 33160	Address: Name and Title:	
The V INITIA  Name and Title  Address  Name and Title:	HALAVENKA, SIARHEI 231 174TH STREET, APT 402 SUNNY ISLES BEACH, FL 33160	Address: Name and Title:	
The V INITIA  Name and Title  Address  Name and Title:	HALAVENKA, SIARHEI 231 174TH STREET, APT 402 SUNNY ISLES BEACH, FL 33160	Address: Name and Title:	
nber of shares of shares of shares of shares and Title Address  Name and Title: Address	HALAVENKA, SIARHEI  231 174TH STREET, APT 402  SUNNY ISLES BEACH, FL 33160	Address: Name and Title: Address:	
nber of shares of shares of shares of shares and Title: Address Name and Title: Address	HALAVENKA, SIARHEI  231 174TH STREET, APT 402  SUNNY ISLES BEACH, FL 33160	Address:  Name and Title:  Address:	
The V INITIA  Name and Title  Address  Name and Title:  Address	HALAVENKA, SIARHEI  231 174TH STREET, APT 402  SUNNY ISLES BEACH, FL 33160	Address:  Name and Title:  Address:	

Name and Title:		Name and Title:	
Address			
	<del></del> ,	_	
ARTICLE VI	REGISTERED ACENT Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	HALAVENKA. SIARHEI	_	
Address;	231 174TH STREET, APT 402	_	
	SUNNY ISLES BEACH, FL 33160	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	uddress of the Incorporator is:		
Name:	HALAVENKA, SIARHEI	<b>.</b>	
Address.	231 174TH STREET, APT 402	_	
	SUNNY ISLES BEACH, FL 33160	_	
Effective date, i	EFFECTIVE DATE: fother than the date of filing: date 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 dat the document's	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
Having been nat certificate, I am	med as registered agent to accept service of process f familiar with and accept the appointment as register	or the above stated corporation at the place designated in this red agent and agree to act in this capacity	
HALA	VENKA, SIARHEI	07/14/2020	
	Required Signature/Registered Agent	Date	
I submit this do document to the	current and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in 5.817.155, F.S.	
5	iarkei Halavenka	07/14/2020	
Required Signat	ите/Писогропатог	Dote	