Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
US VIKTAR TRANS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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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: US VIKTAR TRANS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17109 N BAY RD., #401D
SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:
17109 N BAY RD., #401D
SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIKTAR USTSINOVICH
Address: 17109 N BAY RD., #401D
SUNNY ISLES BEACH, FL 33160

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: VIKTAR USTSINOVICH

Address: 17109 N BAY RD., #401D

SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: VIKTAR USTSINOVICH

Address: 17109 N BAY RD., #401D

SUNNY ISLES BEACH, FL 33160

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

_____ 7-12-20

(Required Signature/Registered Agent) (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.

_____ 7-12-20

(Required Signature/Incorporator) (Date)

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