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Florida 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

2020 SEP -3 PM 2:36

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2020 SEP -3 PM 4:55

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
ALEXNIKITOSE, INC.

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

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COVER LETTER

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2020 SEP -3 PM 4:55

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

SUBJECT: ALEXNIKITOSE, 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: ALEXANDR EUNAPU
Name (Printed or typed)

5550 W ATLANTIC AVE, APT 204
Address

DELRAY BEACH, FL 33484
City, State & Zip

(561)399-3829
Daytime Telephone number

ALEXNIKITOS18.18@GMAIL.COM
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)

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ARTICLE I NAME
The name of the corporation shall be: ALEXNIKITOSE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
5550 W ATLANTIC AVE, APT 204
DELRAY BEACH, FL 33484

Mailing address, if different is:
5550 W ATLANTIC AVE, APT 204
DELRAY BEACH, FL 33484

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: ALEXANDR EUNAPU - P
Address 5550 W ATLANTIC AVE, APT 204
DELRAY BEACH, FL 33484

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: ALEXANDR EUNAPU

Address: 5550 W ATLANTIC AVE, APT 204

DELRAY BEACH, FL 33484

ARTICLE VII INCORPORATOR

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

Name: ALEXANDR EUNAPU

Address: 5550 W ATLANTIC AVE, APT 204

DELRAY BEACH, FL 33484

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

Alexandr Eunapu 09/03/2020

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.

Alexandr Eunapu 09/03/2020

Required Signature/Incorporator Date