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	generate another cover sheet.
To:	
	Division of Corporations
	Fax Number : (850)617-6381
From;	
	Account Name : SORSHER & ASSOCIATES, LLC.
	Account Number : T20170000056
	Phone : (954)842-2931
	Fax Number : (954)842-2936
4.	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 PRIDE ONE, INC

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COVER LETTER

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

SUBJECT:	PRIDE ONE, INC					
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:			
⊠ \$70.00	□ \$78.75	\$78.75	□ \$87.50			
Filing Fee	Filing Fee	Filing Fec	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of			
		ADDITIONAL CO	Status DPV REQUIRED			
FROM:	DMITRY KORCHAGIN					
FROM.	Name (Printed or typed)					
	40000 NODTH BAY B	045 45T 4048				
- ·	16950 NORTH BAY ROAD, APT 1615 Address					
	•	radic33				
	SUNNY ISLES BEACH	H. FL 33160				
_		State & Zip				
	(245)200 5042					
_	(215)280-6613 Daytime T	elephone number				
		•				
	77DAKO@GMAIL.		- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	E-mail address: (to be used	a for future annual report r	iotitication)			
			<u></u>			
	NOTE DI					
	NOTE: Please provide the o	rigingi ang Anacany at	the urticles			

2020 SEP 30 AM 10: 59

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

<u>ICLE II PR</u>	UNCIPAL OFFICE			
	Principal street address	Mailing	address, if different is:	
950 NORTH BAY ROAD, APT 1615		16950 NORTH BAY ROAD, APT 1615		
SUNNY ISLES BEACH, FL 33160		SUNNY ISLES BEACH, FL 33160		
CICIFILI PURPOSE				
purpose for whi	ich the corporation is organized is: _ANY AN	D ALL LAWFUL BUSI	less	
	<u> </u>			
<u> </u>				
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	of stock is: 100			
number of shares	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS			
number of shares	of stock is: 100	Name and Title:		
number of shares ICLE V INT Name and T	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615	Name and Title:		
number of shares ICLE V INT Name and T	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN	Name and Title:		
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Name and T	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title: Address:		
Name and T	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615	Name and Title:		
Name and Ti	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title: Address:	2	
Name and Ti	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title:	2D20 S	
Name and Ti	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title:	2020 SEP 8	
Name and Ti Address Address	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title: Address: Name and Title: Address:	2020 SEP 30	
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Sitle: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title:	2020 SEP 30 A	
Name and Ti Address Address	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: DMITRY KORCHAGIN 16950 NORTH BAY ROAD, APT 1615 SUNNY ISLES BEACH, FL 33160	Name and Title: Address: Name and Title: Address:	2020 SEP 30	

Name and Title:		Name and Title:		
Address	s <u> </u>	Address:		
				
				
ARTICLE VI The name and F.	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	DMITRY KORCHAGIN			
Address:	16950 NORTH BAY ROAD, APT 1615			
	SUNNY ISLES BEACH, FL 33160			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The name and ac	Idress of the Incorporator is:			
Name:	DMITRY KORCHAGIN			
Address:	16950 NORTH BAY ROAD, APT 1615			
	SUNNY ISLES BEACH, FL 33160			
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and canno		91) days after the	
Note: If the date the document's c	inserted in this block does not meet the applicable flective date on the Department of State's records.	statutory filing requirements, this d	ate will not be listed as	
Having been name certificate, I am f	and as registered agent to accept service of process fo amiliar with and accept the appointment as register	r the above stated corporation at the ed agent and agree to act in this cap	: place designated in this acity	
	Dmitry Korchagin Required Signature/Registered Agent		9/30/2020	
	Required Signature/Registered Agent		Date	
f submit this doc document to the L	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felony	rue. I am aware that the false luft as provided for in s.817.155, F.S.	ormation submitted in a	
	Dmitry Korchagin	0	9/30/2020	
Required Signatu	re/Incorporator			