

**P20000077855**

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

\*\*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**  
**RAFALSKI VIT GARDEN, INC.**

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

2020 OCT -8 PM 4:52  
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To: Florida Division of Corporations

October 5, 2020

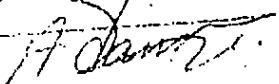
Dear Sir or Madame,

Please note that we voluntarily dissolved Rafalski Vit Garden, Inc (Florida Profit Corporation Document Number P190000078276) on August 17, 2020 and have no intention of reinstating this corporation.

Sincerely,

Adem Kocaman

President



2020 OCT -8 PM 4:52

FBI (7)

## COVER LETTER

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

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2020 OCT -8 PM 4:52

SUBJECT: RAFALSKI VIT GARDEN, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: KOCAMAN, ADEM  
Name (Printed or typed)

1817 S OCEAN DR. APT 415  
Address

HALLANDALE, FL 33009  
City, State & Zip

(929)339-2587  
Daytime Telephone number

yxxxngeva@yahoo.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)

**ARTICLE I NAME**The name of the corporation shall be: RAFALSKI VIT GARDEN, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1817 S OCEAN DR, APT 4151817 S OCEAN DR, APT 415HALLANDALE, FL 33009HALLANDALE, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KOCAMAN, ADEM - P

Name and Title: \_\_\_\_\_

Address 1817 S OCEAN DR, APT 415

Address: \_\_\_\_\_

HALLANDALE, FL 33009

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: KOCAMAN, ADEM  
Address: 1817 S OCEAN DR, APT 415  
HALLANDALE, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KOCAMAN, ADEM  
Address: 1817 S OCEAN DR, APT 415  
HALLANDALE, FL 33009

**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*

Adem Kocaman

Required Signature/Registered Agent

09/30/2020

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.*

Adem Kocaman

Required Signature/Incorporator

09/30/2020

Date