Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000376613 3)))



Note: DO NOT hit the REFRESH/RFLOAD button on your browser from this page. Doing so will generate another cover sheet.

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 CROSMAN, CORP.

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

Electronic Filing Monu Corporate Filing Menu

Help

COVER'LETTER

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

SUBJECT:	BJECT: CROSMAN, CORP.		
	(PROPOSED CORPORA	I'E NAME - <u>MUST INCL</u> I	ÜDE SUFFIX)
Unclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	la check for:
Ductosed are all onf	inal and one (1) copy of the dra	cico or incorporation and	
፟፠ \$70.00	□ \$78.75	□ \$78.75	Ľ \$87.50
	Filing Fee	Filing Fec	Filing Fee,
t ning t cc	& Certificate of Status	& Certified Copy	
			Status
ADDITIONAL COPY REQUI			PY REQUIRED
		L	
FROM:	CROSMAN, CORP.		
	Name	(Printed or typed)	
	2700 SCOTT STREET	Address	
	<i>'</i>	7001699	
	HOLLYWOOD EL 2020		
	HOLLYWOOD, FL 33020 City.	State & Zip	
	5.13,		
	(754)244-6256		
	Daytime 1	elephone number	
		0014	
AAAREMONT@GMAIL.COM E-mail address: (to be used for future annual report notification)			actification)
	E-mail address: (to be tised	a for future annual report i	nouncation)

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)

	IPAL OFFICE				
<u> KTICLE II - PRINC</u>	Principal street address	Mailing a	ddress, if different is:		
2700 SCOTT STE	REET	2700 SCOTT	2700 SCOTT STREET		
HOLLYWOOD, F	L 33020	HOLLYWOO			
RTIÇI.E III PURPO	DSE		·		
he purpose for which the	ne corporation is organized is: AN	Y AND ALL LAWFUL BUSIN	ESS		
					
		<u></u>			
•					
			*···		
	<u>-</u>				
	<u></u>				
	LOFFICERS AND/OR DIRECTORS : ARTOUR KAGULIAN - P	Name and Title:			
Address	2700 SCOTT STREET	Address:			
	HOLLYWOOD, FL 33020		21		
			20.00		
					
Name and Title:					
		Name and Title:			
Address			101		
Address			A 11で A 11で		
Address		Address:	AH 8: 55		
Address		Address:	2 B 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
		Address:	AH 8: 55		
		Address:	AH 117 8: 55		
Name and Title:		Address:	AH 8: 55		
Name and Title:		Address:	AH 8: 55		

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	ARTOUR KAGULIAN		
Address:	2700 SCOTT STREET		
	HOLLYWOOD, FL 33020		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	ddress of the Incorporator is:	202	
Name:	ARTOUR KAGULIAN		
Address:	2700 SCOTT STREET	2020 OCT 29	
	HOLLYWOOD, FL 33020	<u> </u>	
	EFFECTIVE DATE:	(ORTIONAL) TO S	
(If an effective filing.)	f other than the date of filing: date is listed, the date must be specific and c	eannot 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 appli- effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed a ords.	
Having been na certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as re	cess for the above stated corporation at the place designated in ti gistered agent and agree to act in this capacity	
	Artour Kagulian Required Signature/Registered Agent	10/29/2020	
	Required Signature/Registered Agent	t Date	
I submit this do	ocument and affirm that the facts stated hereli Department of State constitutes a third degree	n are true. I am aware that the fulse information submitted in felony as provided for in s.817.155, F.S.	
	Artour Kagulian	10/29/2020	
Required Signar	ture/Incorporator	Date	