

P20090043Florida 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 : 120170000056
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: sklyarov.7477@gmail.comFLORIDA PROFIT/NON PROFIT CORPORATION
SKIYAROV, INC

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

J. FASON

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SORSHER & ASSOCIATES

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11/19/2020 9:59:14 AM PAGE 1/001 Fax Server



November 19, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SORSHER & ASSOCIATES, LLC

SUBJECT: SKLYAROV LTD, INC
REF: W20000133107

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: H20000398832
Letter Number: 420A00023318

COVER LETTER

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

SUBJECT: SKLYAROV, 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

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: DMITRY SKLYAROV
Name (Printed or typed)

900 N FEDERAL HWY, STE 306
Address

HALLANDALE, FL 33009
City, State & Zip

(347)743-7515

Daytime Telephone number

SKLYAROV.7477@mail.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 NAMEThe name of the corporation shall be: SKLYAROV, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

900 N FEDERAL HWY, STE 306900 N FEDERAL HWY, STE 306HALLANDALE, 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: DMITRY SKLYAROV - P Name and Title: _____Address 900 N FEDERAL HWY, STE 306 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: DMITRY SKLYAROV
Address: 900 N FEDERAL HWY, STE 306
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DMITRY SKLYAROV
Address: 900 N FEDERAL HWY, STE 306
HALLANDALE, FL 33009

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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

Dmitry Sklyarov
Required Signature/Registered Agent

11/18/2020
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.

Dmitry Sklyarov
Required Signature/Incorporator

11/18/2020
Date