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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 : I70170000056
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
ANJELLA, INC

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

J. FASON

DEC 23 2020

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BORSLER & ASSOCIATES
2000270

COVER LETTER

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

SUBJECT: ANJELLA, 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: ARZUMANYANTS, ANJELLA
Name (Printed or typed)

20335 W COUNTRY CLUB DR, 1206
Address

AVENTURA, FL 33180
City, State & Zip

(954)394-0279
Daytime Telephone number

AMESROP@YANDEX.RU
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: ANJELLA, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

20335 W COUNTRY CLUB DR, 120620335 W COUNTRY CLUB DR, 1206AVENTURA, FL 33180AVENTURA, FL 33180**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: ARZUMANYANTS, ANJELLA - P

Name and Title: _____

Address 20335 W COUNTRY CLUB DR, 1206

Address: _____

AVENTURA, FL 33160Name and Title: ARZUMANYANTS, MESROP - VP

Name and Title: _____

Address 20335 W COUNTRY CLUB DR, 1206

Address: _____

AVENTURA, FL 33180

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: ARZUMANYANTS, ANJELLA
Address: 20335 W COUNTRY CLUB DR, 1206
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARZUMANYANTS, ANJELLA
Address: 20335 W COUNTRY CLUB DR, 1206
AVENTURA, FL 33180

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

Required Signature/Registered Agent

12/22/2020
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.

Required Signature/Incorporator

12/22/2020
Date

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