

P21060000699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

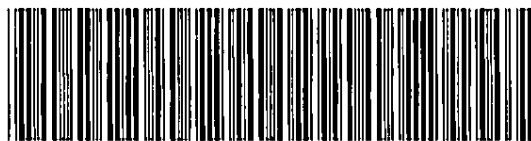
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600357162856

2021 JAN -5 AM 7:52

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/5/2021

****WALK IN****

ENTITY NAME Rythme Sauvage Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

7 3 2 8

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Hoggard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Rythme Sauvage 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dolores Burton, c/o United Corporate Services, Inc.

Name (Printed or typed)

100 State Street

Address

Albany, NY 12207

City, State & Zip

Daytime Telephone number

ofriedman@fkks.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: Rythme Sauvage Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

55 SW 9th Street, Apt. 3010

Miami FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of
Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guzal Contrera, President and Secretary

Name and Title: _____

Address 55 SW 9th Street, Apt. 3010

Address: _____

Miami FL 33130

Name and Title: Guzal Contrera, Director

Name and Title: _____

Address 55 SW 9th Street, Apt. 3010

Address: _____

Miami FL 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Guzal Contrera
Address: 55 SW 9th Street, Apt. 3010
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oskar Friedman
Address: 7 Barlow Dr N
Brooklyn, NY 11234

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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 business days prior or 90 business 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

01/04/2021

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.

Oskar Friedman
Required Signature/Incorporator

1/4/2021
Date