P21000003278

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 : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EYESHADESNY@GMAIL.COM

2021 JAN 19 AM 7:01

FLORIDA PROFIT/NON PROFIT CORPORATION
EYE SHADES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

2021 JAN 19 PM 4:12

(((H21000025211 3)))

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: EYE SHADES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15052 Mayberry Drive
Winter Garden, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Optical goods store

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAMIL MALINA, PRESIDENT
Address: 15052 Mayberry Drive
Winter Garden, FL 34787

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: KAMIL MALINA

Address: 15052 Mayberry Drive

Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAMIL MALINA

Address: 15052 Mayberry Drive

Winter Garden, FL 34787

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

Kamil Mal _____ 1/18/21

Required Signature/Registered Agent 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.

Kamil Mal _____ Date 1/18/21

Required Signature/Incorporator

2021 JAN 19 AM 7:01