

P21000007047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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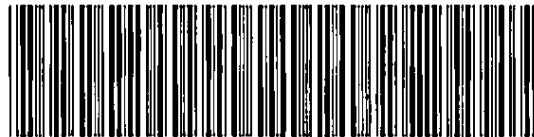
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FL

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COVER LETTER

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

SUBJECT: REGINALBINA 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: Incorporate Now Inc

Name (Printed or typed)

512 Lucerne Ave.

Address

Lake Worth, FL 33460

City, State & Zip

(800) 371-1217

Daytime Telephone number

corp@incorporatenow.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: **REGINALBINA Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

512 Lucerne Ave., Suite 160

Lake Worth, FL 33460, USA

512 Lucerne Ave., Suite 160

Lake Worth, FL 33460, USA

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Nail Saidashev, Director**

Name and Title: _____

Address **512 Lucerne Ave., Suite 160**

Address: _____

Lake Worth, FL 33460, USA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Incorporate Now Inc

Address: 512 Lucerne Ave.

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Constantin Luchian

Address: 512 Lucerne Ave.

Lake Worth, FL 33460

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TALLAHASSEE, FL

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

Coluchian

Required Signature/Registered Agent

1/31/2021

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.

Coluchian

Required Signature/Incorporator

1/31/2021

Date