

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000053779 3)))



H210000537793ABCs

To:	
	Division of Corporations Fax Number : (850)617-6381
.	(300)
From:	Account Name : SORSHER & ASSOCIATES, LLC.
	Account Number : I20170000056
	Phone : (954)842-2931
	Fax Number : (954)842-2936
]	FLORIDA PROFIT/NON PROFIT CORPORATION
 -	FLORIDA PROFIT/NON PROFIT CORPORATION DIMAR BUILDING DEVELOPMENT, INC.
]	
]	DIMAR BUILDING DEVELOPMENT, INC.
]	DIMAR BUILDING DEVELOPMENT, INC. Certificate of Status 0
]	DIMAR BUILDING DEVELOPMENT, INC. Certificate of Status Certified Copy 0

COVER LETTER

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

SUBJECT:	DIMAR BUILDING DEVELOPM (PROPOSED CORPOR	IENT, INC. ATE NAME – <u>MUST INCL</u> U	DE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:	
™ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Co & Certificate Status PY REQUIRE	of
FROM:	900 N FEDERAL HWY, S	e (Printed or typed)		
	HALLANDALE, FL 3300 City,	9 , State & Zip	_	2021 + 11-9
_	(267) 968-2375 Daytime Telephone number			
_	MSHEVCHUK2002@Y	AHOO.COM	otification)	co E
ı	NOTE: Please provide the o	·	ŕ	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

KTICLE I NAM ne name of the corpor	E ution shall be: DIMAR BUILDING I	DEVELOPMENT	T, INC.
RTICLE II PRIN	CIPAL OFFICE	· 	·
· ·	Principal street address		Mailing address, if different is:
900 N FEDER	AL HWY, STE 306		862 Churchville Rd
HALLANDALE	HALLANDALE, FL 33009		Southampton, PA 18966
RTICLE III PURF ne purpose for which	POSE the corporation is organized is: ANY Af	ND ALL LAWFUI	LBUSINESS
			
		<u> </u>	
	_ - 		
· · · · · · · · · · · · · · · · · · ·			- <u></u>
	stock is: 100 AL OFFICERS AND/OR DIRECTORS e: SHEVCHUK, MARGARITA - P	Name and Title	: KHORKOV, DMYTRO - VP
Address	900 N FEDERAL HWY, STE 306	Address:	900 N FEDERAL HWY, STE 306
	HALLANDALE, FL 33009	_	HALLANDALE, FL 33009
		_	
Name and Title	······································	_ Name and Title:	·
Address		_ Address:	
		_	
			C) (,
	<u>:</u>	_ Name and Title:	
Address		_ Address:	<u>:</u> - සු
			- Cu

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and F	RECISTERED AGENT [lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	SHEVCHUK, MARGARITA	-		
Address:	900 N FEDERAL HWY, STE 306			
	HALLANDALE, FL 33009			
ARTICLE VII	INCORPORATOR	?ñ?! {-E		
The name and a	ddress of the Incorporator is:			
Name:	SHEVCHUK, MARGARITA			
Address:	900 N FEDERAL HWY, STE 306			
	HALLANDALE, FL 33009	_		
ARTICLE VIII	EFFECTIVE DATE:	CONTINUE CO		
(If an effective d	other than the date of filing:	ot be more than five days prior or 90 days after the		
Note: If the date the document's e	inserted in this block does not meet the applicable flective date on the Department of State's records	e statutory filing requirements, this date will not be listed :		
Having been nan certificate, I am f	ned as registered agent to accept service of process amiliar with and accept the appointment as registe	for the above stated corporation at the place designated in t red agent and agree to act in this capacity		
	Margarita Shavchuk Required Signature/Registered Agent	02/08/2021		
		Date		
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted to by as provided for in \$.817.155, F.S.		
	Margarita Shrvchuk	02/08/2021		
Required Signatu	re/Incorporator	Date		