02/23/2021 04:26 PM FAX 9548422936

SORSHER & ASSOCIATES

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : SORSHER & ASSOCIATES, LLC. Account Number : I20170000056 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 **PROTECT-MY-FILES, CORP** Certificate of Status Û  $\Pi$  $\bigcirc$ Certified Copy 0 Page Count 04 ~ Estimated Charge \$70.00 Π .. .... . . . . . . . . . . . 

Electronic Filing Menu Corporate Filing Menu



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## **COVER LETTER**

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

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

⊠ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status

□ \$78.75	□ \$87.50			
Filing Fee	Filing Fee,			
& Certified Copy	Certified Copy			
	& Certificate of			
	Status			
ADDITIONAL COPY REQUIRED				

FROM: DMITRII GUSHCHENKOV

Name (Printed or typed)

900 N FEDERAL HWY, STE 306

Address

HALLANDALE, FL 33009

City, State & Zip

79106679145

Daytime Telephone number

GUSHCH75@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

<u>ICLEII PRIN</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address				
		<u></u>	Mailing address, if different is		
	AL HWY STE 306	<u> </u>	LEEDERAL HWY, STE 3	06	
HALLANDALE. FL 33009		HAI	LLANDALE, FL 33009		_
<u>ICLE III PURP</u> purpose for which	the corporation is organized is: <u>ANY A</u>				
<u></u>					_
				A [][]]	:; -
·				ارب ا	
ICLE IV SILAR					
	stock is: 100			ا <b>بد</b> دی	
<u>icle v Initi</u> ,	AL OFFICERS AND/OR DIRECTORS			ണ ,	
Name and Titl	e: GUSHCHENKOV, DMITRII - P	Name and Title			
Address	900 N FEDERAL HWY, STE 306	Address:			-
	HALLANDALE, FL 33009	_			-
		_		i	-
		_		;	-
Name and Title	: <u></u>	Name and Title:	. <u></u>		_
Address		Address:			
				<u> </u>	-
		_	, ,.		-
		_			-
Name and Title	: <u></u>	Name and Title:	<u>.</u>		
Address					
AGUITESS		LLMM1 0331			-

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Name a	nd Title:	_ Name and Title:	
Addres	s	_ Address:	 !
<u>ARTICLE VI</u> The name and F	REGISTERED AGENT		
Name:	Iorida street address (P.O. Box NOT acceptable) o GUSHCHENKOV, DMITRII	the registered agent is:	ı J
Address:	900 N FEDERAL HWY, STE 306	-	
	HALLANDALE, FL 33009	_	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	GUSHCHENKOV, DMITRI	-	ł
Address:	900 N FEDERAL HWY, STE 308	_	
	HALLANDALE, FL 33009	_	ļ
Effective date, if	<u>EFFECTIVE DATE:</u> other than the date of filing: late is listed, the date must be specific and cann		r the
-	inserted in this block does not meet the applicable	statutory filing requirements, this date will not be	c 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

Dritaii Gushchenkov	02/23/2021
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.

Dratrie Gushchenkov

Required Signature/Incorporator

02/23/2021 Date

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