

3/2/2021

P24000019779

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H21000086007 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : I20200000106
Phone : (561)927-7157
Fax Number : ~~(561)927-7157~~ 561-990-5571

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: simonzarankin@aol.comFLORIDA PROFIT/NON PROFIT CORPORATION
BEYOND MY HORISON INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
21 MAR -3 PM 8:12
RECEIVED
2021 MAR 3 PM 4:02
SECRETARY OF STATE
ALLIANCE, FLORIDA
DIVISION OF CORPORATIONS
COMMERCIAL
AND PROFESSIONAL SERVICES

COVER LETTER

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

SUBJECT: Beyond my horizon 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Simon Zarankin
Name (Printed or typed)

109 10691 Bexley Blvd
Address

Boca Raton FL 33437
City, State & Zip

561-716-8979
Daytime Telephone number

Simonzarankin@aol.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:

Beyond my horizon, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address10691 Bexley Blvd
Boca Raton, FL 33437

Mailing address, if different is:

10691 Bexley Blvd
Boca Raton, FL 33437**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

handyman**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

(P) Simon Zarankin

Name and Title:

Address

10691 Bexley Blvd
Boca Raton, FL 33437

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
21 MAR -3 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Simon ZarankinAddress: 10691 Bexley Blvd
Boca Raton, FL 33437**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Simon ZarankinAddress: 10691 Bexley Blvd
Boca Raton, FL 33437FILED
21 MAR -3 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: ✓ 03/03/2021 (OPTIONAL)

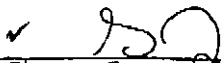
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Required Signature/Registered Agent

03.03.21

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.

Required Signature/Incorporator

03.03.21

Date