3/10/2021



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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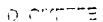
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

	Doing so will generate another of	over sheet.			
To:	Division of Corporations Fax Number : (850)617-6381 Account Name : ALLSTATE CORPORATE Account Number : I2004000031	SERVICES CORP	ECNETARO JE SI ALLAHASSEE, FLO	21 MAR 10 PM 7	ייור הני
	Phone : (800)906-9220 Fax Number : (800)906-9880		A GINC	7: 33	
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Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

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

SUBJECT: L	anex Consulting Co	orp.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:	<u> </u>		
□ \$70.0 Filing F	* : = : : =	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Cop & Certificate Status PY REQUIRE	of		
FROM	STEVEN WEISS, ALLSTATE	CORPORATE SERV	/ICES CORP.			
	2215 Hendrickson	Street, Suite	1			
	Ā	Address				
	Brooklyn, NY 1123			IALL SEC	21	
	• •	State & Zip			21 MAR 10	
	800-906-9220			73.SE		
	FILING@ACS123.				PH 7: 33	
	E-mail address: (to be used	for future annual report n	otification)	<u> </u>	ယ	

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)

	INCIPAL OFFICE Principal street address auderhill, FL 33319	Mailing 5300 NW 67th Ave, L	address, if different is: nudamill, FL 33319
ICLE III PU	RPOSE th the corporation is organized is: ANY AN	ND ALL LAWFU	IL PURPOSES
CLE IV SHO	IRES of stock is:		21 MAR 10 PH BEOLLIAGE OF BALLAHASSEE, F
	FIAL OFFICERS AND OR DIRECTORS itle: Alexander Gusakov, President 909 East 29th Street Apt 4C Brooklyn, NY 11210	Name and Title:Address:	7: 3 STAIL LORID
Name and Ti Address	Elen Kruglyak-Dayan, Vice President 5300 NW 67th Ave Lauderhill, FL 33319	Name and Title:	
Name and Ti	le:		

(((H2	10	000	97	33	1	3)	((
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. . .

Name and Title:		Name and Title:
Address		Address;
ARTICLE VI. The name and Fl	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of t	the registered agent in
Name:	Registered Agent Solutions, Inc.	me regismien akent is:
Address:	155 Office Plaza Dr. Suite A	
	Tallahassee, FL 32301	FILI 21 MAR 10 SECNLIANI TALLAHASSE
		AND TO
ARTICLE VII	INCORPORATOR	FILED 21 MAR IO PH 7: 33 ECALÍANI OF STAIL ALLAHASSEE, FLORIDA
The name and ac	idress of the Incorporator is:	
Name:	STEVEN WEISS	- 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10
Address:	2215 HENDRICKSON ST, SUITE 1	NDA 33
	BROOKLYN, NY 11234	
Effective date, if (If an effective d filing.)	wie is instea, the date mast be specific and childot	be more than five days prior or 90 days after the
the document's e	ffective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Having been nam certificate, I am fi	ned as registered agent to accept service of process for amiliar with and accept the appointment as registered	the above stated corporation at the place designated in this d agent and agree to act in this capacity
Stine	Alai , ASSISTANT SECRET	ARY 3/10/2021
	Required Signature/Registered Agent	Date
I submit this document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	Store Weis	3/10/2021
Required Signatur	re/Incorporator	Date

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