

P 2100030570

Florida Department of State
Division of Corporations
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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
1601 COLLINS AVE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

OPERATIONS
SPECIAL
SERVICES

2021 APR -5 PM 4:37

RECEIVED

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -5 PM 11:07

COVER LETTER

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

SUBJECT: 1601 COLLINS AVE, 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: VASILII KRALICHKIN
Name (Printed or typed)

18101 COLLINS AVE APT 1601
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(786)448-0815
Daytime Telephone number

N7864480815@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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -5 PM 11:07

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: 1601 COLLINS AVE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18101 COLLINS AVE APT 160118101 COLLINS AVE APT 1601SUNNY ISLES BEACH, FL 33160SUNNY ISLES BEACH, FL 33160**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VASILII KRALICHKIN - P

Name and Title: _____

Address 18101 COLLINS AVE APT 1601

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
21 APR -5 PM 11:07

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: VASILII KRALICHKIN
Address: 18101 COLLINS AVE APT 1601
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: VASILII KRALICHKIN
Address: 18101 COLLINS AVE APT 1601
SUNNY ISLES BEACH, FL 33160

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.

Vasilii Kralichkin

Required Signature/Registered Agent

04/05/2021

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.

Vasilii Kralichkin

Required Signature/Incorporator

04/05/2021

Date

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STATE ARCHIVES
DIVISION OF CORPORATIONS
21 APR -5 AM '21