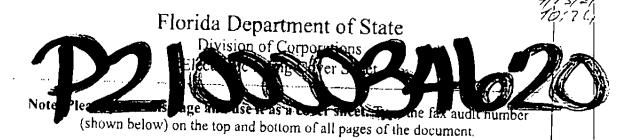
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(((H21000146886 3)))



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.

FWGIT	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION VOYAGER SOLUTIONS, INC.

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

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Ø 0001/0006

April 16, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

SORSHER & ASSOCIATES

SUBJECT: VOYAGER SOLUTIONS, INC.

REF: W21000051474

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Please list the titles for the officers and directors.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H21000146886 Regulatory Specialist II Supervisor Letter Number: 221A00007847

COVER LETTER

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

30B)ECT:	<u>VOYAGER SOLUTIONS, INC</u>	.	
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
∞ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	IGOR BASOV	e (Printed or typed)	
	4976 SW 30TH TERRA	CE Address	
	DANIA BEACH, FL 333 City,	312 State & Zip	
	(424)527-8160 Daytime T	elephone number	
	INFO@VOYAGER-So	OLUTIONS.COM i for future annual report n	otification)

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)

CLE II PR	Principal <u>street</u> address	Mailing w	dress, if oifferent is:
6 SW 30TH	TERRACE	4976 SW 30TI	
NIA BEACH	f, FL 33312	DANIA BEACI	
CLE III PU urpuse for wh	RPOSE: ich the corporation is organized is:ANY_	AND ALL LAWFUL BUSING	ESS
71 F	4 D D C		
	and stock is: 100 TIAL OFFICERS AND/OR DIRECTORS		
mber of shares	s of stock is: 100	Name and Title:	
mber of shares	TIAL OFFICERS AND/OR DIRECTORS		
mber of shares TLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR - P		
TLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312	Address:	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312	Address: Name and Title:	
TLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312 title: NIKONOV, ILYA - VP 4976 SW 30TH TERRACE	Address:	
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312	Address: Name and Title:	
Mame and Ti Address Address	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312 title: NIKONOV, ILYA - VP 4976 SW 30TH TERRACE	Address: Name and Title: Address:	
Mame and Ti Address Address	TIAL OFFICERS AND/OR DIRECTORS Title: BASOV, IGOR — P 4976 SW 30TH TERRACE DANIA BEACH, FL 33312 title: NIKONOV, ILYA - VP 4976 SW 30TH TERRACE DANIA BEACH, FL 33312	Address: Name and Title:	

Address		Name and Title:
		-
The name and Flori	GISTERED AGENT ida street address (P.O. Box NOT acceptab	c) of the registered agent is:
Name:	BASOV, IGOR	
Address:	4976 SW 30TH TERRACE	
-	DANIA BEACH, FL 33312	
ARTICLE VII IN	CORPORATOR	
	ess of the incorporator is:	
Name:	BASOV, IGOR	
Address:	4976 SW 30TH TERRACE	
	DANIA BEACH, FL 33312	
ARTICLE VIII EF	er than the date of filing:	(OPTIONAL)
(If an effective date filing.)	is listed, the date must be specific and ca	nnut be more than five days prior or 90 days after the
Note: If the date ins	erted in this block does not meet the applicative date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.
Having been named a certificate, I am fami	nar with and accept the appointment as regi	ss for the above stated corporation at the pluce designated in the start and agree to act in this capacity
	Agor Basov Required Signature/Registered Agent	4/15/2021
I submit this docum	ent and affirm that the facts stated herein	Date are true. I am aware that the false information submitted in
document to the Dept	iriment of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.
	Agor Basov	<u></u>
Required Signature/I	ncorporator	Date

::

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4/14/2021 5:49:02 PM PAGE 1/001

Fax Server



April 14, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

SORSHER & ASSOCIATES, LLC.

SUBJECT: VOYAGER SOLUTIONS, INC.

REF: W21000050529

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must list at least one incorporator with a complete business street address.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko Regulatory Specialist II New Filings

FAX Aud. #: H21000146886 Letter Number: 321A00007729