

COVER LETTER

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

SUBJECT: KLIVMIX, 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: KLOVANICH, IVAN
Name (Printed or typed)
800 PARKVIEW DR, APT 528
Address
HALLANDALE BEACH, FL 33009
City, State & Zip
(954)477-4244
Daytime Telephone number
dnp-solnechniy@yandex.ru
E-mail address: (to be used for future annual report notification)

FILE
MAY 10 2021
ALL-STATE, FL

2021 MAY 10 AM 10:14

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 NAMEThe name of the corporation shall be: KLIVMIX, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address800 PARKVIEW DR. APT 528HALLANDALE BEACH, FL 33009

Mailing address, if different is:

800 PARKVIEW DR. APT 528HALLANDALE BEACH, FL 33009**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: KLOVANICH, IVAN - P

Name and Title: _____

Address 800 PARKVIEW DR, APT 528

Address: _____

HALLANDALE BEACH, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAY 10 AM 10:14
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD
FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KLOVANICH, IVAN
 Address: 800 PARKVIEW DR, APT 528
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KLOVANICH, IVAN
 Address: 800 PARKVIEW DR, APT 528
HALLANDALE BEACH, FL 33009

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

Ivan Klovach 05/10/2021
 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.

Ivan Klovach 05/10/2021
 Required Signature/Incorporator Date

2021 MAY 10 AM 10:14
 HALLANDALE BEACH, FL
 SORSHER & ASSOCIATES