

P21000053843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

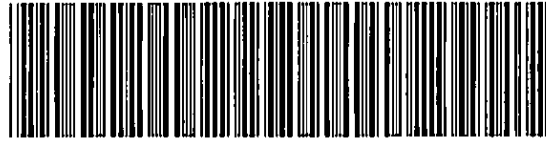
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RECEIVED  
2021 JUN -7 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 845240 7497364

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : June 4, 2021

ORDER TIME : 2:28 PM

ORDER NO. : 845240-005

CUSTOMER NO: 7497364

DOMESTIC FILING

NAME: ASSTRA TRANS INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Asstra Trans 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:** Corporation Service Company

Name (Printed or typed)

1201 Hays Street

Address

Tallahassee, FL 32301

City, State & Zip

800-927-9800

Daytime Telephone number

compliance@mail@cscglobal.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: Asstra Trans Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 Corey Avenue  
St Pete Beach, FL 33706

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful activity

### ARTICLE IV SHARES

The number of shares of stock is: 200 no par value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stanley Maljers- President

Name and Title: Viacheslav Tureiko- Vice President

Address 100 Corey Avenue  
St. Pete Beach, FL 33706

Address: 100 Corey Avenue  
St. Pete Beach, FL 33706

Name and Title: William Shayne- Secretary

Name and Title: \_\_\_\_\_

Address 64 Fulton St  
Suite 1000  
New York, NY 10038

Address: \_\_\_\_\_

Name and Title: Stanley Maljers- sole director

Name and Title: \_\_\_\_\_

Address 100 Corey Avenue  
St. Pete Beach, FL 33706

Address: \_\_\_\_\_

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: Mr. Travis Aldridge

Address: 2473 Spinaker Ct.

Palm Harbor, FL 34683

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**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*

*Travis Aldridge*

06/04/2021

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.*

*Debbie Weimer*

6/7/21

Required Signature/Incorporator

Date