

P21000071881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000093495

Office Use Only



400368007184

06/14/21--01037--003 \*\*78.75

2021 JUN 27 11:39

## COVER LETTER

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

SEP 27 11:39

**SUBJECT:** Borsa di Fiori, 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:** Kristine Vegoryan  
\_\_\_\_\_  
Name (Printed or typed)

1271 Boynton Street, Apt 17  
\_\_\_\_\_  
Address

Glendale, CA 91205  
\_\_\_\_\_  
City, State & Zip

818-441-8130  
\_\_\_\_\_  
Daytime Telephone number

tinaeg06@yahoo.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:

Borsa di Fiori, Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

20505 E Country Club Dr. PH 33

Aventura , FL 33180

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sina Mirtorabi, President

Name and Title: Ketevan Mikhnova , Secretary

Address: 20505 E Country Club Dr. PH 33

Address: 20505 E Country Club Dr. PH 33

Aventura, FL 33180

Aventura FL 33180

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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: Sina Mirtorabi

Address: 20505 E Country Club Dr, PH 33

Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kristine Yegoryan

Address: 1271 Boynton St., Apt 17

Glendale, CA 91205

**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*

\_\_\_\_\_  
Required Signature Registered Agent

7/15/21

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.*

\_\_\_\_\_  
Required Signature Incorporator

7/15/21

Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2021

KRISTINE YEGORYAN  
1271 BOYNTON STREET  
GLENDALE, CA 91205

SUBJECT: BORSA DI FIORI, INC  
Ref. Number: W21000093495

We have received your document for BORSA DI FIORI, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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.

James G Harris  
Regulatory Specialist II

Letter Number: 121A00014740

2021 JUN 27 AM 9:39