

P210000104207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

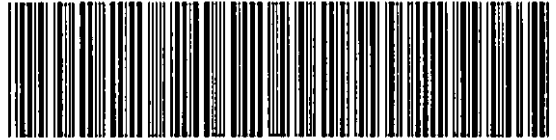
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



800376438088

11/15/21 01:01 -009 \*\*109.25

2021-01-10 11:08:23

M

COPY

COVER LETTER

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

SUBJECT: DOMESTICATION FOREIGN TO FLORIDA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: MARINA ANTONISHIN, CPA LTD

Name (printed or typed)

13 VILLAGE VIEW DR

Address

PALM COAST, FL 32137

City, State & Zip

224-715-0847

Daytime Telephone Number

ANTONISHIN@ATT.NET

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2021

MARINA ANTONISHIN  
13 VILLAGE VIEW DR  
PALM COAST, FL 32137

SUBJECT: MARINA ANTONISHIN, CPA LTD  
Ref. Number: W21000151184

We have received your document for MARINA ANTONISHIN, CPA LTD and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 521A00028385

*attached is  
the updated  
document.*

2021 DEC 10 PM 1:10  
100

## COVER LETTER

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

SUBJECT: DOMESTICATION FOREIGN TO FLORIDA

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

**From:** MARINA ANTONISHIN, CPA CO.

Name (printed or typed)

13 VILLAGE VIEW DR

Address

PALM COAST, FL 32137

City, State & Zip

224-715-0847

Daytime Telephone Number

ANTONISHIN@ATT.NET

E-mail address: (to be used for future annual report notification)

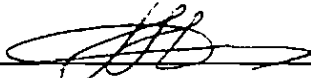
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, MARINA ANTONISHIN PRESIDENT  
(Name) (Title)

of MARINA ANTONISHIN, CPA CO., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is MARINA ANTONISHIN, CPA CO.  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is ILLINOIS, 08/19/2020
3. The name of the domesticated corporation is MARINA ANTONISHIN, CPA LTD  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
\_\_\_\_\_  
(Authorized Signature)

2020.08.19 11:08:26

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

MARINA ANTONISHIN, CPA CO.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address  
13 VILLAGE VIEW DR

Mailing Address  
13 VILLAGE VIEW DR

PALM COAST, FL 32137

PALM COAST, FL 32137

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATION MAY BE ORGANIZED

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:* 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

MARINA ANTONISHIN

13 VILLAGE VIEW DR

PALM COAST, FL 32137

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

  
\_\_\_\_\_  
Signature/Registered Agent

12/08/2021  
\_\_\_\_\_  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: MARINA ANTONISHIN, PRESIDENT

Address: 13 VILLAGE VIEW DR  
PALM COAST, FL 32137

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: MARINA ANTONISHIN, DIRECTOR

Address: 13 VILLAGE VIEW DR  
PALM COAST, FL 32137

Name & Title: \_\_\_\_\_

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

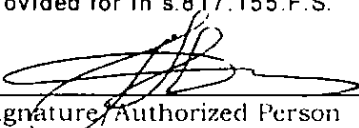
Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

  
\_\_\_\_\_  
Signature/Authorized Person

12/08/2021  
Date