

P21 000 105102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

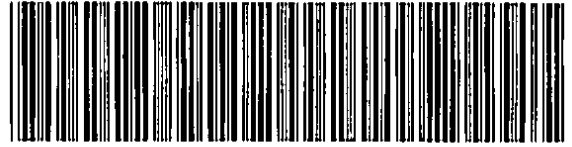
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/21--01003--019 *\$128.75

2021 DEC 21 PM 4: 51
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: KVAS UK CORPORATIONS

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
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From: DLD ENTERPRISES

Name (printed or typed)

PO BOX 153

Address

AGAWAM MA

01001

City, State & Zip

Daytime Telephone Number

ivankvasov777@gmail.com

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2021

DLD ENTERPRISES
PO BOX 153
AGAWAM, MA 01001

SUBJECT: KVAS UK CORPORATION
Ref. Number: W21000133866

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

You failed to make the correction(s) requested in our previous letter.

List the date of Formation which is found on #2 of the Articles of Domestication.

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00024407

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Articles of Domestication
Foreign Corporation Domesticating to Florida

SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, IVAN KVASOV PRESIDENT
(Name) (Title)

of KVAS UK CORPORATION, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is KVAS UK CORPORATION
(Foreign Corporation)
2. The jurisdiction and date of its formation is MASSACHUSETTS 05-14-2018
3. The name of the domesticated corporation is KVAS UK CORPORATION
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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

KVAS UK CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

2366 LAUREL RD EAST, APT 11312 NAKOMIS FL 34275

Mailing Address

2366 LAUREL RD EAST, APT 11312 NAKOMIS FL 34275

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ALL LAWFUL BUSINESS

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:

IVAN KVASOV

2366 LAUREL RD EAST, APT 11312 NAKOMIS FL 34275

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

12/02/2021
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

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

Name & Title: IVAN KVASOV, P
Address: 2366 LAUREL RD EAST, APT 11312
NOKOMIS FL 34275

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____


Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

12/02/2021
Date