

P22000003424
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000018798 3)))



H220000187983ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CHELSEA BUSINESS CONSULTING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 JAN 14 AM 9:47

2021 JAN 14 AM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CHELSEA BUSINESS CONSULTING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

480 NE 31ST ST, UNIT 3602480 NE 31ST ST, UNIT 3602MIAMI, FL 33137MIAMI, FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ILYA BYKOV

Name and Title: _____

Address PRESIDENT

Address: _____

480 NE 31ST ST, UNIT 3602MIAMI, FL 33137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 JAN 14 AM 1:20
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

FILED

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ILYA BYKOV
 Address: 480 NE 31ST ST, UNIT 3602
 MIAMI, FL 33137

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ILYA BYKOV
 Address: 480 NE 31ST ST, UNIT 3602
 MIAMI, FL 33137

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*

s/ ILYA BYKOV

Required Signature/Registered Agent

01/14/2022

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.

s/ ILYA BYKOV

Required Signature/Incorporator

01/14/2022

Date

FILED
 2021 JAN 14 AM 1:20
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA