

P22000005610

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.

((H22000037436 3)))



H22000037436ABC.

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 : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 28 AM 11:06

FILED

****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
ALL WINS CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: ALL WINS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3479 NE 163RD STREET

SUITE 202

NORTH MIAMI BEACH, FL 33160

Mailing address, if different is:

3479 NE 163RD STREET

SUITE 202

NORTH MIAMI BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATHAN KRIVOSHEYEV, P

Name and Title: _____

Address 16900 N BAY ROAD

Address: _____

#2401

SUNNY ISLES BEACH, FL 33160

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 JAN 28 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(17220000374363)

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: DANNY VICTORAddress: 3479 NE 163RD STREET, SUITE 202NORTH MIAMI BEACH, FL 33160**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 90 STATE STREET, SUITE 601ALBANY, NEW YORK 122072022 JAN 28 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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/Danny Victor

Required Signature/Registered Agent

01/28/2022

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.*Lawrence A. Kirsch

Required Signature/Incorporator

01/28/2022

Date

(17220000374363)