## P22000018480

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DANISNUR INC	· · · · · · · · · · · · · · · · · · ·	
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		_
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cen. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
·		Vehicle Search
	· — — — — — — —	Driving Record
Requested by: SETH		UCC 1 or 3 File
Name Date	Time	UCC 11 Search
name Date	TIME	UCC 11 Retrieval
Walk-In Will Pick	Up	Courier

## **COVER LETTER**

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

SUBJECT: DA	ANISNUR INC		
	(PROPOSED CORPORA	TË NAMË – <u>MUST INCLI</u>	IDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	a check for:
® \$70.0 Filing F	00 □ \$78.75 fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM	DANIS NURITDINOV		
	Name	(Printed or typed)	
	19390 COLLINS AVE		
		Address	<del></del>
	SUNNY ISLES BEACH, FL 33160		
	City.	State & Zip	
	863-263-5422		
	Daytime T	elephone number	
	ADMIN@PBM-CONSULTING.COM		
•	E-mail address: (to be used	for future annual report no	tification)

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)

<u>IPAL OFFICE</u>		
Principal street address	Mailing	address, if different is:
	J	
H, FL 33160	<del></del>	
ner -		<del></del>
ie corporation is organized is: TRANSPO	ORTATION	
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		PH
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		LE Q
DANIS NURITDINOV, PRESIDENT	Name and Title:	
SUNNY ISLES BEACH, FL 33160	<u></u>	
<del></del>		
	Name and Title:	
	Address:	
	Address:	
	ES tock is: 1000 LOFFICERS AND/OR DIRECTORS DANIS NURITDINOV, PRESIDENT 19390 COLLINS AVE	ESE TRANSPORTATION  SET TO THE COMPONENT OF THE COMPONENT

Name:  Address:  Address:  SUNN  ARTICLE VII INCORP  The name and address of the Name:  Address:  DAN  Address:  SUNN  ARTICLE VIII EFFECT  Effective date, if other than	ret address (P.O. Box NOT acceptable S NURITDINOV  COLLINS AVE Y ISLES BEACH, FL 33160  ORATOR		2022 MIR 10 PH 12: 35
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The name and address of the Name:  Address:  SUN  ARTICLE VIII EFFECT  Effective date, if other than all an effective date is listed	he Incorporator is:		PH 12: C
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SUN  ARTICLE VIII EFFECT  Effective date, if other than  If an effective date is liste			m O.
ARTICLE VIII EFFECT Effective date, if other than If an effective date is liste	0 COLLINS AVE		
Effective date, if other than If an effective date is liste	NY ISLES BEACH, FL 33160		
Note: If the date inserted in	the date of filing:  ed, the date must be specific and car  in this block does not meet the applical te on the Department of State's record	anot be more than five days p	rior or 90 days after the
ertificate, I am familiar wi	stered agent to accept service of proces th and accept the appointment as regis	s for the above stated corporation tered agent and agree to act in	on at the place designated in this this cupacity
Deinis Nu	Required Signature/Registered Agent		03/10/2022
			Date
submit this document and locument to the Departmen	t affirm that the facts stated herein a t of State constitutes a third degree fel	re true. I am aware that the fa ony as provided for in s.817.155	ulse information submitted in a 5, F.S.
Connic N Required Signature/Incorpo	waitelino/		03/10/2022