

P22000029618

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H220001420443ABCT

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

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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
NADIYA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
2022 APR 19 PM 5:00
CORPORATIONS
COMMERCIAL
SERVICES

FILED
2022 APR 19 PM 10:48
STATE

COVER LETTER

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

FILED
2022 APR 19 PM 10:48
FLORIDA STATE
DIVISION OF CORPORATIONS

SUBJECT: NADIYA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: SIARHEI AUSIANIK
Name (Printed or typed)

1849 S OCEAN DR, APT 1214
Address

HALLANDALE, FL 33009
City, State & Zip

(360)660-8444
Daytime Telephone number

OVSANIKSERGEJ86@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: NADIYA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1849 S OCEAN DR, APT 1214
HALLANDALE BEACH, FL 33009

1849 S OCEAN DR, APT 1214
HALLANDALE BEACH, FL 33009

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>AUSIANIK, SIARHEI - P</u>	Name and Title:	_____
Address	<u>1849 S OCEAN DR, APT 1214</u> <u>HALLANDALE BEACH, FL 33009</u>	Address:	_____ _____

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

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

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: AUSIANIK, SIARHEI
Address: 1849 S OCEAN DR, APT 1214
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AUSIANIK, SIARHEI
Address: 1849 S OCEAN DR, APT 1214
HALLANDALE BEACH, FL 33009

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STATE OF FLORIDA

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

Siarhei Ausianik

Required Signature/Registered Agent

04/19/2022

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.

Siarhei Ausianik

Required Signature/Incorporator

04/19/2022

Date