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(De	equestor's Name)	
(116	equestors (vame)	
(Ac	ldress)	-
(AC	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
		

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RECEIVED 2021 MAY -2 PM 2: 28 DIVISION OF CORPORATIONS TALLAHASSEE, FIRMATIONS

CAPITAL CONNECTION, INC.

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

BERSHSV INC			
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<u> </u>			
	-,,		
			Art of Inc. File
	<u> </u>		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
			Cert. 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: SET	Ή		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
	24 34.2 W		UCC 11 Retrieval
Walk-In	••	Up	Courier

COVER LETTER

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

SUBJECT: Be	rshSv INC		
	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
⊠ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
	LGA BOTIS Nam NICHOLAS BLVD SUITE 1	e (Printed or typed) 03A	
		Address	
EL	K GROVE VILLAGE IL, 600	007 , State & Zip	
(84	7) 979-8659	Telephone number	
	Daytitic	reteptione trumber	
RC	CASOLUTIONS@YAHOO.		
	iz-maii address: (to be use	d for future annual report r	iourication)

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)

e name of the corpora	ation shall be: BershSv INC		
TICLE II PRIN	CIPAL OFFICE Principal street address DA BLVD 217		Mailing address, if different is:
	OSE the corporation is organized is: The purposess in order to ensure success and grow our		
			2022 HAY
TICLE IV SHAR number of shares of	RES f stock is: 100 AL OFFICERS AND/OR DIRECTORS		2 PH 4: 03
Name and Titl	e:_SVETLANA BERSH, PRESIDENT	_ Name and Title:	·
Address	BOCA RATON, FL 33428	Address:	
Name and Title	::	Name and Title:	
Address			
Name and Title		-	
Address			

Name a	nd Title:	Name and Title:
Addres		Address:
The name and F	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable) (of the registered agent is:
Name:	SVENTLANA BERSH	_
Address:	10282 BOCA ENTRADA BLVD 217	_
	BOCA RATON, FL 33428	2022 MAY STALLI
ARTICLE VII	INCORPORATOR	<u> </u>
The name and a	ddress of the Incorporator is:	2 P
Name:	SVETLANA BERSH	
Address:	10282 BOCA ENTRADA BLVD 217	PH 4: 03 SSEC. FL
	BOCA RATON, FL 33428	<u> </u>
ADTICLE VIII	_EFFECTIVE DATE:	
Effective date, it	other than the date of filing:	
	e inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, this date will not be
Having been nan certificate, I am	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation at the place design ered agent and agree to act in this capacity
	Svetlana Bersh Required Signature/Registered Agent	05/02/2022
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information subiny as provided for in s.817.155, F.S.
	Svetlana Bersh ure/Incorporator	05/02/2022
Required Signat	ure/Incorporator	Date

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