## 20200051767

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Busiliess Etitity Name)                |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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April 2

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## **COVER LETTER**

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

| SUBJECT:  | Stelko DeLaTa Mining Corpo                          | ration                                |  |  |
|---|---|---------------------------------------|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |   |                                       |  |  |
| Enclosed are an or                              | iginal and one (1) copy of the art                  | ticles of incorporation and           | la check for:  |  |
| 图 \$70.00<br>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 REQUIR                |  |  |
| FROM: _   | Zenbusiness Inc  Name  5511 Parkcrest Dr. Suite 103 | e (Printed or typed)                  |  |  |
|   | Address   |                                       |  |  |
| _   | Austin, TX 78731                                    |                                       |  |  |
|   | City, State & Zip                                   |                                       |  |  |
|   | 8444936249  |                                       | •  |  |
|   | Daytime Telephone number                            |                                       |  |  |
|   | fulfillment@zenbusiness.com                         |                                       |  |  |
| <del></del>                                     | E-mail address: (to be use                          | d for future annual report r          | 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)

| HCLET NA.  Bame of the corp                       | oration shall be: Stelko DeLaTa Mini                | ng Corporation   |  |
|---|---|--|--|
| <i>TCLE II PR</i><br>Buchanan Plac                | INCIPAL OFFICE  Principal <u>street</u> address e   |  | Mailing address, if different is:  |
| sota, FL 34231-8                                  | 508   |  |  |
| FCLE III PUI<br>purpose for whic                  | RPOSE The the corporation is organized is:          | g minerals US and Uk:                                    | raine  |
|   |   |  |  |
|   |   |  |  |
| ·   |   |  |  |
|   | of stock is: 95000000000000                         | <del></del>  |  |
| umber of shares                                   |   |  | Stan Stelmashenko, Treasurer   |
| umber of shares                                   | of stock is: 95000000000000000000000000000000000000 |  | 4937 Buchanan Place  |
| number of shares  ICLE V INT                      | of stock is: 95000000000000000000000000000000000000 | Name and Title   |  |
| number of shares  ICLE V INT                      | of stock is: 95000000000000000000000000000000000000 | Name and Title Address:                                  | 4937 Buchanan Place<br>Sarasota, FL 34231-8508   |
| number of shares  ICLE V INT  Name and T  Address | of stock is: 95000000000000000000000000000000000000 | Name and Title Address: Name and Title                   | 4937 Buchanan Place  |
| Name and Ti                                       | of stock is: 95000000000000000000000000000000000000 | Name and Title Address: Name and Title                   | 4937 Buchanan Place Sarasota, Fl. 34231-8508  Larissa Carmichael, Secretary  |
| Name and Ti Address  Address                      | of stock is: 95000000000000000000000000000000000000 | Name and Title Address: Name and Title Address: Address: | 4937 Buchanan Place Sarasota, Fl. 34231-8508  Larissa Carmichael, Secretary 4937 Buchanan Place Sarasota, Fl. 34231-8508 |
| Name and Ti Address  Address                      | of stock is: 95000000000000000000000000000000000000 | Name and Title Address: Name and Title Address: Address: | 4937 Buchanan Place Sarasota, FL 34231-8508  Larissa Carmichael, Secretary 4937 Buchanan Place Sarasota, FL 34231-8508   |

| Name and Title:  | Lauma Brass, Secretary   | Name and Title:                               | Lauma Brass, Director  |
|--|--|---|--|
| Address  | JOST Ruchanan Placa  | Address:                                      | 4937 Buchanan Place  |
|  | Sarasota, FL 34231-8508  |   | Sarasota, FL 34231-8508  |
|  |  |   |  |
| ARTICLE VI REGIST  | TERED AGENT<br>reet address (P.O. Box NOT acceptable)                                    | of the registered ages                        | nt is:   |
| Name:  |  |   |  |
| Address:   |  |   |  |
|  | 7-   | _   |  |
| <u>ARTICLE VII INCOR</u>   | -  |   |  |
| The <u>name and address</u> of   | the Incorporator is:   |   |  |
| Name:  |  |   |  |
| Address:   |  | <u> </u>                                      |  |
|  |  |   |  |
| ARTICLE VIII EFFE  |  |   |  |
| Effective date, if other the<br>(If an effective date is lis<br>filing.) | an the date of filing:   | not be more than fi                           | TIONAL)<br>ve days prior or 90 days after the                            |
|  | in this block does not meet the applicab<br>date on the Department of State's record     |   | quirements, this date will not be listed as                              |
| Having been named as rej<br>certificate, I am familiar v                 | gistered agent to accept service of process with and accept the appointment as regist    | for the above stated<br>cred agent and agree  | corporation at the place designated in this<br>e to act in this capacity |
|  | Required Signature/Registered Agent  |   | Date   |
| submit this document a<br>locument to the Departm                        | nd affirm that the facts stated herein a<br>ont of State constitutes a third degree felo | re true. I am aware<br>ony as provided for in | that the false information submitted in a (8.817.155, F.S.               |
| Required Signature/Incorp  | porator  |   | Date   |
|  |  |   | <b>,</b> :   |

(\*) (\*)

| Name and                                 | Title: Jeff Jones, Director   | Name and Tit  | le: Jeff Jones, Director, Vice Presiden                                  |
|--|---|---|--|
| Address                                  | 4937 Buchanan Place   | Address:  | 4937 Buchanan Place  |
|  | Sarasota, FL 34234-8508   | <del>,</del>  | Sarasota, FL 34231-8508  |
|  |   |   |  |
| <u>ARTICLE VI</u> – F                    | EGISTERED AGENT   |   |  |
|  | orida street address (P.O. Box NOT accept   | able) of the registered a                           | gent is:   |
| Name:                                    | ZenBusiness Inc.  | <del></del>   |  |
| Address:                                 | 336 E. College Ave. Suite 301   | ···   |  |
|  | Tallahassee, FL 32301   |   |  |
| <u>ARTICLE VII   [</u>                   | NCORPORATOR   |   |  |
| The name and add                         | fress of the Incorporator is:   |   |  |
| Name:                                    | Stan Stelmashenko   |   |  |
| Address:                                 | 4937 Buchanan Place   | <del></del>   |  |
|  | Sarasota, FL 34231-8508   |   |  |
| ARTICLE VIII                             | <u>EFFECTIVE DATE:</u>  |   |  |
| Effective date, if o                     | ther than the date of filing:   | ((  | OPTIONAL)  |
|  | nserted in this block does not meet the app<br>tective date on the Department of State's re |   | requirements, this date will not be listed                               |
| Having been name<br>certificate, I am fa | d as registered agent to accept service of promiliar with and accept the appointment as r   | ocess for the above state<br>egistered agent and ag | ed corporation at the place designated in<br>ree to act in this capacity |
| /s/Khadijeh Har                          | nmati   |   | 6/6/2022   |
|  | Required Signature/Registered Age   | nt  | Date   |
| I submit this docu<br>document to the D  | ment and affirm that the facts stated here<br>partment of State constitutes a third degre   | in are true. I am awai<br>e felony as provided foi  | re that the false information submitted rins,817,155, F.S.               |
|  |   |   |  |
| /s/Stan Stelmas<br>Required Signature    |   |   | 6/6/2022   |