

P22000055490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

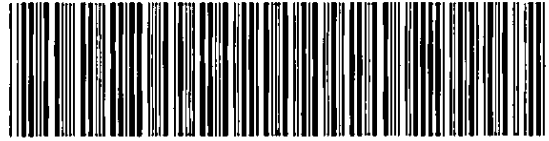
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Received
07/11/22

Office Use Only



600390252206

JUL 13 2022
S. CHATHAM

RECEIVED
2022 JUL 11 PM 3:19
TALLAHASSEE, FLORIDA
22 JUL 11 PM 2:35

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/11/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1053124

ORDER ENTITY
DORON SVORAI INC

PLEASE PERFORM THE FOLLOWING SERVICES:

DORON SVORAI INC (FL)

New corp filing

NOTES:

\$70.00 Authorized
Email address for annual report reminders: doron611@hotmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

22 JUL 11 PM 2:35
PAYMENT CENTER

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: DORON SVORAI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1065 Lyon Tree St
Hollywood FL 33019

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail and wholesale of gym goods.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DORON SVORAI, President</u>	Name and Title:	_____
Address:	<u>1065 Lyon Tree St</u> <u>Hollywood FL 33019</u>	Address:	_____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____	Address:	_____ _____
Name and Title:	_____	Name and Title:	_____
Address:	_____ _____	Address:	_____ _____

22 JUL 11 PM 2:35

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: DORON SVORAI
Address: 1065 Lyon Tree St
Hollywood FL 33019

ARTICLE VII INCORPORATOR

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

Name: Sapphire McFarland
Address: 7801 Folsom Blvd Ste 202
Sacramento CA 95826

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/ DORON SVORAI
Required Signature/Registered Agent

07/11/2022
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.

/S/ Sapphire McFarland
Required Signature/Incorporator

07/11/2022
Date

22 JUL 11 PM 2:46
STATE OF FLORIDA