12/15/22, 2:40 PM



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bestofsilence@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Upgrade Parade Corp

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Help



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 62 L.F.S. (Profit)

LE II PRIN	<u>CIPAL OFFICE</u>			
<u> </u>	Principal street address	Mailing address	ss, if different is	
05 DARTMOUTH RD		PO BOX 112 4107 T	PO BOX 112 4107 TAMIAMI TR	
CE, FL 34293	<del></del>	SOUTH VENICE, FL 34293		
LE III PURP	OSE			
pose for which	the corporation is organized is: ANY AND A	ALL LAWFUL BUSINESS		
<del></del>				
	-			
			~~~~~	
<del>-</del>				
LE IV SHAR	nere.			
nber of shares of	100 stock is:			
nber of shares of	5 stock is: 100	<del></del>		
nber of shares of	Stock is: 100  AL OFFICERS AND/OR DIRECTORS	<del></del>		
nber of shares of	AL OFFICERS AND/OR DIRECTORS	Name and Title		
nber of shares of LE V INITE  Name and Titl	AL OFFICERS AND/OR DIRECTORS  e. OLEKSII IAGOLNYK  PRESIDENT	Name and Title.		
nber of shares of	AL OFFICERS AND/OR DIRECTORS  e. OLEKSII IAGOLNYK  PRESIDENT	Address:		
nber of shares of LE V INITE  Name and Titl	AL OFFICERS AND/OR DIRECTORS  e. OLEKSII IAGOLNYK  PRESIDENT  PO BOX 112 4107 TAMIAMI TR	Address:		
nber of shares of LE V INITE  Name and Titl	AL OFFICERS AND/OR DIRECTORS  e. OLEKSII IAGOLNYK  PRESIDENT	Address:		
nber of shares of LE V INITE  Name and Titl  Address	AL OFFICERS AND/OR DIRECTORS  OLEKSII IAGOLNYK  PRESIDENT  PO BOX 112 4107 TAMIAMI TR  SOUTH VENICE, FL 34293	Address:	i.	
nber of shares of LE V INITE  Name and Titl	AL OFFICERS AND/OR DIRECTORS  OLEKSII IAGOLNYK  PRESIDENT  PO BOX 112 4107 TAMIAMI TR  SOUTH VENICE, FL 34293	Address:	· · · · · · · · · · · · · · · · · · ·	
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Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS  OLEKSII IAGOLNYK  PRESIDENT  PO BOX 112 4107 TAMIAMI TR  SOUTH VENICE, FL 34293	Address:  Name and Title:  Address:  Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS  OLEKSII IAGOLNYK  PRESIDENT  PO BOX 112 4107 TAMIAMI TR  SOUTH VENICE, FL 34293	Address:  Name and Title:  Address:  Name and Title:		

Name a	and Title:	Name and Title:	
Addre		Address:	<del></del>
ARTICLE VI	REGISTERED AGENT		
Name.	Florida street address (P.O. Box NOT acceptable) of OLEKSII IAGOLNYK	the registered agent is:	
Address:	105 DARTMOUTH RD		
	VENICE, FL 34293		
APTICLE VII	INCORDOR (TOD		
	address of the Incorporator is.		
Name:	OLEKSII IAGOLNYK		
Address:	PO BOX 112 4107 TAMIAMI TR		
	SOUTH VENICE, FL 34293		
ADTICLE VIII	L_EFFECTIVE DATE:		
Effective date,	if other than the date of filing:  date is listed, the date must be specific and canno	(OPTIONAL)	-
(If an effective filing.)	date is listed, the date must be specific and canno	be more than five days prior (	or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State® records.	statutory filing requirements, this	date will not be listed as
	·		
Having been no certificate, I am	amed as registered agent to accept service of process for a familiar with and accept the appointment as register	r the above stated corporation at a ad agent and agree to act in this c	the place designated in thi apacity
C	The same of the sa		DEC 15, 2022
	Required Signature/Registered Agent		Date
I submit this didocument to the	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felony	true. I am aware that the false i as provided for in s.817.155, F.S	nformation submitted in
SA.	- II	ſ	DEC 15, 2022
Required Sign	ture/Incorporator	Date	