

P23000007469

Florida Department of State
Division of Corporations
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((H23000038203 3)))



H230000382033ABCV

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To:

Division of Corporations
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From:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
MISSIA CORP USA

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MISSIA CORP USA
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: ANASTASIIA BABYCH

26 GIVON STREET

MAPLE, ON, CANADA, L6A 4L9
City, State & Zip

+1 (437) 243-6839
Daytime Telephone number

info@taxonweb.ca
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MISSIA CORP USA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

240 OLD FEDERAL HWY. SUITE #210.32 SUNNYCREST RD. NORTH YORK.HALLANDALE, FL, 33009, UNITED STATESON, CANADA, M2R 2T4**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: WEDDING DRESS INDUSTRY**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: IVANNA ANDRUSYAKName and Title: ANASTASIIA BABYCHDIRECTORDIRECTORAddress 32 SUNNYCREST RD, NORTH YORK,Address 26 GIVON ST, MAPLE,ON, CANADA, M2R 2T4ON, CANADA, L6A 4L9Name and Title: OLEKSANDR MAKSYMENKO

Name and Title: _____

DIRECTOR

Address: _____

Address 26 GIVON ST, MAPLE,ON, CANADA, L6A 4L9

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ANASTASIA BABYCH
Address: 240 OLD FEDERAL HWY, SUITE #210,
HALLANDALE FL 33009 UNITED STATES

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ANASTASIA BABYCH
Address: 26 GIVON ST, MAPLE,
ON, CANADA, L6A 4L9

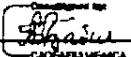
ARTICLE VIII EFFECTIVE DATE:

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

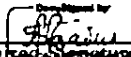


Required Signature/Registered Agent

1/27/2023 | 5:26:07 PM EST

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.



Required Signature/Incorporator

1/27/2023 | 5:26:07 PM EST

Date