

P23000036398

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
YUVIN GROUP, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2023 MAY -8 PM 3:36

REGISTRARS
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DIVISION OF CORPORATIONS

23 MAY 23 PM 8:21:35

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COVER LETTER

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

SUBJECT: YUVIN GROUP, CORP.
(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

[illegible]

FROM: YUVIN GROUP, CORP.
Name (Printed or typed)

501 NE 3RD ST, APT 305

Address

HALLANDALE, FL 33009

City, State & Zip

(754)275-9004

Daytime Telephone number

VEN.DI.UA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

23 MAY -8 PM 12: 35

ה'תש"ח

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: YUVIN GROUP, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

501 NE 3RD ST, APT 305

501 NE 3RD ST, APT 305

HALLANDALE, FL 33009

HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TYMCHENKO, IVAN - P

Name and Title: _____

Address 501 NE 3RD ST, APT 305

Address: _____

HALLANDALE, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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23 MAY - 8 PM 12:35
HALLANDALE, FL 33009

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: TYMCHENKO, IVAN

Address: 501 NE 3RD ST, APT 305

HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TYMCHENKO, IVAN

Address: 501 NE 3RD ST, APT 305

HALLANDALE, FL 33009

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

Ivan Tymchenko

Required Signature/Registered Agent

05/08/2023

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.

Ivan Tymchenko

Required Signature/Incorporator

05/08/2023

Date

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CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA