

To:

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2023-06-05 19:15:03 GMT

1-617-399-9792

From: ..

6/5/23, 3:02 PM

Division of Corporations

P 23 0000 43194

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : I20200000106
Phone : (561)927-7157
Fax Number : (305)912-0167

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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CORPORATIONS
COMMERCIAL
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FLORIDA PROFIT/NON PROFIT CORPORATION
PATENT BTIDGE INC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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COVER LETTER

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

SUBJECT: PATENT Bridge INC
(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 x \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: OLEKSII ROZENKOV
Name (Printed or typed)
789 W YAMATO ROAD, APT 602
Address
BOCA RATON, FL 33431
City, State & Zip
561-221-3320
Daytime Telephone number
rozenkov.o@gmail.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: PATENT BRIDGE INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

789 W YAMATO ROAD, APT 602789 W YAMATO ROAD, APT 602BOCA RATON, FL 33431BOCA RATON, FL 33431**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLEKSII ROZENKOV - PRESIDENT Name and Title: _____

Address: 789 W YAMATO ROAD, APT 602 Address: _____

BOCA RATON, FL 33431 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: OLEKSII ROZENKOV
 Address: 789 W YAMATO ROAD, APT 602
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLEKSII ROZENKOV
 Address: 789 W YAMATO ROAD, APT 602
BOCA ARTON, FL 33431

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/05/2023 (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

 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

 Date