P23000076198

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(any anator Lips Hone sy
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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

Please bill the above referenced account for this order.

Sincerely,

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

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

1189746

REQUEST DATE: 10/26/2023 ORDER ENTITY SUSHKI INC	PRIORITY Regular Approval	OUR REF #_(Order_ID#)
PLEASE PERFORM THE FOLLOW SUSHKI INC (FL) New corp filing	VING SERVICES:	
NOTES: \$70.00 Authorized	· · · · · · · · · · · · · · · · · · ·	
RETURN/FORWARDING INSTR ACCOUNT NUMBER: I20050000052	RUCTIONS:	· · · · · · · · · · · · · · · · · · ·

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: SU	JSHKI INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an c	original and one (1) copy of the art	icles of incorporation and	I a check for:
⋦ \$70.00 Filing Fe	· · · · · · · · · · · · · · · · · · ·	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	JOEL MARCUS	e (Printed or typed)	
_	676 W Prospect Road		
		Address	
_	Fort Lauderdale, FL 33309		
	City	. State & Zip	
-	954-566-8513		
	Daytime 1	Telephone number	
_	Jmarcuscpa@yahoo.com		
_	E-mail address: (to be use	d for future annual report r	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	SUSHKLING		
The name of the corporat	ion shall be: SUSHKI INC		
ARTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	Ma	ulling address, if different is:
ort Lauderdale, FL 33309			
	 -		
ARTICLE III PURPO The purpose for which the	<u>PSE</u> ne corporation is organized is: RESTAUR	ANT	
		, , , , , , , , , , , , , , , , , , , ,	
	ES stock is: 100 LOFFICERS AND/OR DIRECTORS YELIZAVETA MASKIL- PRESIDENT		
	406 E ATLANTIC AVE		
Address		Address:	
	DELRAY BEACH, FL 33483	-	
		. <u>-</u>	
Name and Title:		Name and Title:	
Address		Address:	
		_	
Name and Title:		Name and Title:	
Address		Address:	C)
		- <u>-</u>	<u> </u>

i vaine a	nd Title:	Name and Title:
Addres		
Addres		Address.
	· · · · · · · · · · · · · · · · · · ·	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	stable) of the societared count is:
Name:	YELIZAVETA MASKIL	nable) of the registered agent is.
	406 E ATLANTIC AVE	
Address:		
	DELRAY BEACH, FL 33483	
<u>ARTICLE V</u> II	INCORPORATOR	
	address of the Incorporator is:	
Name:	YELIZAVETA MASKIL	
	406 E ATLANTIC AVE	
Address:		
	DELRAY BEACH, FL 33483	<u>3</u> .
ARTICI F VIII	EFFECTIVE DATE;	
L'OCantina das .	f other than the date of filing:	(OPTIONAL)
Effective date, i		ed cannot be more than five dove prior or 90 days after the
(If an effective	date is listed, the date must be specific an	id cannot be more than five days prior or 50 days after the
(If an effective filing.)	date is listed, the date must be specific an	
(If an effective filing.) Note: If the da	date is listed, the date must be specific an	oplicable statutory filing requirements, this date will not be listed
(If an effective filing.) Note: If the dathe document's	date is listed, the date must be specific and the inserted in this block does not meet the appetence of the Department of State's	oplicable statutory filing requirements, this date will not be listed records.
(If an effective filing.) Note: If the dathe document's Having been na	date is listed, the date must be specific and the inserted in this block does not meet the appetrective date on the Department of State's med as registered agent to accept service of page 1.	oplicable statutory filing requirements, this date will not be listed records.
(If an effective filing.) Note: If the dathe document's Having been nate of the description of the descrip	date is listed, the date must be specific and the inserted in this block does not meet the appetfective date on the Department of State's med as registered agent to accept service of planiliar with and accept the appointment as	oplicable statutory filing requirements, this date will not be listed records. Process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
(If an effective filing.) Note: If the dathe document's Having been nate of the description of the descrip	date is listed, the date must be specific and the inserted in this block does not meet the appetrective date on the Department of State's med as registered agent to accept service of page 1.	oplicable statutory filing requirements, this date will not be listed records. Process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
(If an effective filing.) Note: If the dathe document's Having been nate certificate, I am I submit this de	te inserted in this block does not meet the apelfective date on the Department of State's med as registered agent to accept service of familiar with and accept the appointment as Required Signature/Registered Agentaly	pplicable statutory filing requirements, this date will not be listed records. process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity 10/26/23 gent Date Date
(If an effective filing.) Note: If the dathe document's Having been nacertificate, I am I submit this dedocument to the	te inserted in this block does not meet the apelfective date on the Department of State's med as registered agent to accept service of familiar with and accept the appointment as Required Signature/Registered Agreement and affirm that the facts stated he Department of State constitutes a third degree	pplicable statutory filing requirements, this date will not be listed records. process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity 10/26/23 gent Date prein are true. I am aware that the false information submitted are felony as provided for in s.817.155, F.S.
(If an effective filing.) Note: If the dathe document's Having been nacertificate, I am I submit this dedocument to the	te inserted in this block does not meet the apeffective date on the Department of State's med as registered agent to accept service of familiar with and accept the appointment as Required Signature/Registered Agent and affirm that the facts stated he	pplicable statutory filing requirements, this date will not be listed records. Process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity 10/26/23 gent Date
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