

P23 0000 82903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

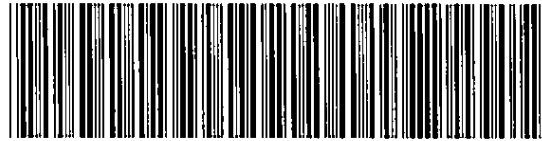
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418425369

RECEIVED

2023 DEC -4 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 - 12 - 04 14:35

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALEKSANDER ASENOV, INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

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

SUBJECT: Aleksandar Asenov, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Gentzle, Esq.
Name (Printed or typed)

4001 Tamiami Trail North, Suite 300
Address

Naples, FL 34103
City, State & Zip

239-435-3535
Daytime Telephone number

viktoria.kashukeeva@metalsnab.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: Aleksandar Asenov, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
102 Sharwood Drive
Naples, FL 34110

Mailing address, if different is:
102 Sharwood Drive
Naples, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real estate holding corporation

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aleksandar Asenov, President Name and Title: Viktoria Kashukeeva, Vice Pres.

Address: 102 Sharwood Drive Address: 102 Sharwood Drive
Naples, FL 34110 Naples, FL 34110

Name and Title: Viktoria Kashukeeva, Secretary Name and Title: Viktoria Kashukeeva, Treasurer

Address: 102 Sharwood Drive Address: 102 Sharwood Drive
Naples, FL 34110 Naples, FL 34110

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Michael Gentzle, Esq.
Address: 4001 Tamiami Trail North, Suite 300
Naples, FL 34103

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Gentzle, Esq.
Address: 4001 Tamiami Trail North, Suite 300
Naples, FL 34103

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

12/4/23
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

12/4/23
Date