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(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

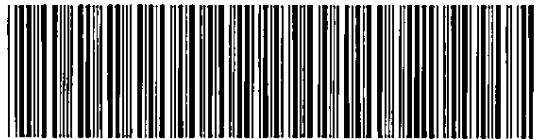
(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Euro Treats 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 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Tatyana Onishchenko
Name (Printed or typed)

231 Callie Way
Address

St. Johns FL 32259
City, State & Zip

253-797-1588

Daytime Telephone number

seronta@hotmail.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: Euro Treats INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

231 Calliel Way
St. Johns FL 32259

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail : sale of product
to customers for personal use.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergey Onishchenko Name and Title: Tatyana Onishchenko
Address: 231 Calliel Way Address: same
St. Johns FL 32259
Director Director

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

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: Tatyana Onishchenko
Address: 231 Calliel Way
St. Johns FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sergey Onishchenko
Address: 231 Culliel Way
St. Johns FL 32259

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.

[Signature]

Required Signature/Registered Agent

1/29/24

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 § 817.155, F.S.

[Signature]

Required Signature/Incorporator

Date

1-29-24

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