

P24000007047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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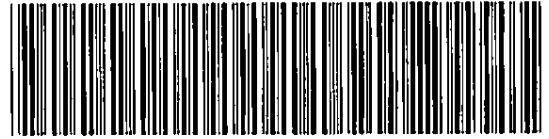
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALLAHASSEE, FLOR

2024 JAN 29 PM 2:08

2024 JAN 29

COVER LETTER

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

SUBJECT: Imperial European Market 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Georgiy BORGER Yelena BORGER
Name (Printed or typed)

216 Straw Pond Way
Address

St. Augustine Florida 32092
City, State & Zip

360-513-7290
Daytime Telephone number

ImperialEuropeanmarketinc@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: Imperial European Market Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
216 Straw Pond way
St. Augustine FL 32092

Mailing address, if different is:
52 Tuscan way
Ste 202-103
St. Augustine, FL
32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Retail: sale of product to costumers
for personal use

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Georgiy Borger (D)
Address: 14326 SE. Reedway st
Portland. OR 97236

Name and Title: Yelena Borger (D)
Address: 216 Straw Pond way
St. Augustine FL 32092

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Yelena Borger

Address: 216 Straw Pond way
St. Augustine FL. 32092

ARTICLE VII INCORPORATOR

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

Name: Georgiy Borger

Address: 14326 SE. Reedway str.
Portland. OR 97236

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

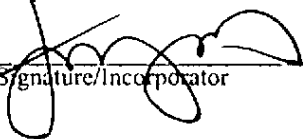


Required Signature/Registered Agent

29 January, 2024

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

29 January, 2024

Date

2024