

P24000007050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

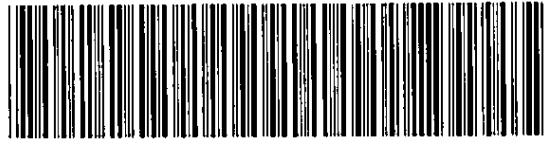
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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ALLIANCE

2024 JAN 29 PM 2:32 2024

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**COVER LETTER**

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

SUBJECT: Astoria Euro Market and Deli 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

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

FROM: Tatyana Onishchenko  
Name (Printed or typed)

231 Celliel Way  
Address

St. Johns FL 32259  
City, State & Zip

253-797-1588  
Daytime Telephone number

astoriaeuromarketanddeliinc@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: Astoria Euro Market and Deli Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

231 Calliel Way
St. Johns FL 32259

52 Tuscan Way
ste 202-103
st. Augustine FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Imperial European
Address: Market Inc
52 Tuscan Way
ste 202-103
st. Augustine Fl
32092

Name and Title: Euro Treats INC.
Address: 231 Calliel Way
st. Johns FL 32259

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

**ARTICLE VII INCORPORATOR**

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

Name: Euro Treats INC  
Address: 231 Calliel Way  
St. Johns FL 32259

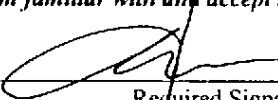
**ARTICLE VIII EFFECTIVE DATE:**

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*

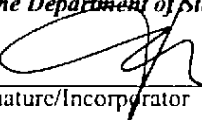


\_\_\_\_\_  
Required Signature/Registered Agent

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 s.817.155, F.S.*



\_\_\_\_\_  
Required Signature/Incorporator

1/29/24

\_\_\_\_\_  
Date

2024

5:15