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 Division of Corporations
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.
 Account Number : I20170000056
 Phone : (954)842-2931
 Fax Number : (954)842-2936

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 HOTEL AND RESTAURANTS MANAGMENT CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2024 APR 29 AM 8:40
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: HOTEL AND RESTAURANTS MANAGMENT CORP
(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

[illegible]

FROM: AIGERIM OMORBEKOVA
Name (Printed or typed)

614 5TH STREET
Address

HALLANDALE, FL 33009

(786) 436-9003
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL
CLERK OF COURT

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: HOTEL AND RESTAURANTS MANAGMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

614 5TH STREET

614 5TH STREET

HALLANDALE, FL 33009

HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMORBEKOVA, AIGERIM - P

Name and Title: SHASHINA, VERONIKA - P

Address 614 5TH STREET

Address: 614 5TH STREET

HALLANDALE, FL 33009

HALLANDALE, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: AIGERIM OMORBEKOVA

Address: 614 5TH STREET

HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AIGERIM OMORBEKOVA

Address: 614 5TH STREET

HALLANDALE, FL 33009

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

Aigerim Omorbekova

Required Signature/Registered Agent

04/29/2024

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.

Aigerim Omorbekova

Required Signature/Incorporator

04/29/2024

Date

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SECRETARY OF STATE
TALLAHASSEE, FL