

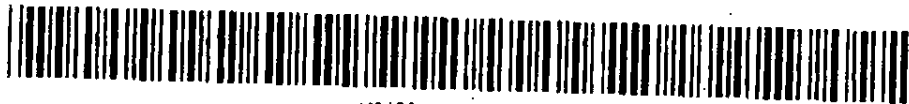
5/22/2024

P24000035054

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
VLADIO, INC.

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

RECEIVED

2024 MAY 22 PM 4:28

CORPORATIONS
COMMERCIAL
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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: VLGIO, 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
 Status

ADDITIONAL COPY REQUIRED

FROM: CONSTANTIN KOTLYAROV

Name (Printed or typed)

900 N FEDERAL HWY STE 306

Address

HALLANDALE, FL 33009

City, State & Zip

(813)469-2582

Daytime Telephone number

CONSTANTINKOT@GMAIL.COM

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

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

2024 Jan 22 1:23:26

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: VLADIO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

900 N FEDERAL HWY STE 306

HALLANDALE, FL 33009

Mailing address, if different is:

900 N FEDERAL HWY STE 306

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: KOTLYAROV, CONSTANTIN - P

Address 900 N FEDERAL HWY STE 306

HALLANDALE, FL 33009

Name and Title: TSIMASHUK, DZMITRY - V

Address: 900 N FEDERAL HWY STE 306

HALLANDALE, FL 33009

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2024 Nov 22 11:23 AM

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: KOTLYAROV, CONSTANTIN
Address: 900 N FEDERAL HWY STE 306
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KOTLYAROV, CONSTANTIN
Address: 900 N FEDERAL HWY STE 306
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

Constantin Kotlyarov

Required Signature/Registered Agent

05/22/2024

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.

Constantin Kotlyarov

Required Signature/Incorporator

05/22/2024
Date