P24000043888

(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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COVER LETTER

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

SUBJECT:	loviah Char	-n PA		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original	ginal and one (1) copy of the	articles of incorporation and	d 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 CO		
FROM:	Toursh Chair	¬ me (Printed or typed)		
	20976 uplon	Address #211		
	Boca Rator	ty, State & Zip	8	
		288 O868 e Telephone number		
		Sed for future annual report r	notification)	

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

Affidavit of Entity Name Release

Toviah Charm PA P13000074939 20976 Uptown Ave #211 Boca Raton FL 33428

I, Toviah Charm, am the owner of the now dissolved entity Toviah Charm PA. I hereby release the entity name to be reused.

Toviah Charm

Data:

5/23/2024

Signed before me this 23rd day of May, 2024. by Tovigh Chaim who produced Florida driver wenses

> KELLY VALDIVIA Notary Public - State of Florida Commission # HH 355539 My Comm, Expires Jan 29, 2027

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAME	tion shall be: Torigh Char	ca PA
<u>RTICLE II PRINC</u>	Principal street address	Mailing address, if different is:
20976 plan	nve #211	
Y .		
Boon Rator	, FL 33428	
RTICLE III PURPO		
he purpose for which t	he corporation is organized is:	aft - new biginess, is
Rest E	etalo Silvina	
-		
-		
	AL OFFICERS AND/OR DIRECTORS	
Name and Title	: Pracident Tourch Charm	Name and Title:
Address	20976 untown Ass	Address:
	20976 uptown Ave # 211	
	1 41	
	Buca Ratan Fl 33428	_
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:

Name and Title:	Name and Title:
Address	Address:
	
	
RTICLE VI REGISTERED AGENT he name and Florida street address (P.O. B	Box NOT acceptable) of the registered agent is:
ddress: 20976 upfenn	ave 7-1,
Address: 20976 uphwn	7 33429
RTICLE VII INCORPORATOR	
he <u>name and address</u> of the Incorporator is:	
Name: Joyinh (<u>herm</u>
Address: 20976 Up	Lown ave #21
Boca Malen	Lown ave #211 FL 33428
ARTICLE VIII EFFECTIVE DATE:	
Hective date, if other than the date of filing: If an effective date is listed, the date must lling.)	: (OPTIONAL) be specific and cannot be more than five days prior or 90 days after the
	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
	cept service of process for the above stated corporation at the place designated in this appointment as registered agent and agree to act in this capacity
Lame	5/23/2074
Required Signature	e/Registered Agent Date
	facts stated herein are true. I am aware that the false information submitted in a stee a third degree felony as provided for in s.817.155, F.S.
Fort Jam	5/23/2014
Required Signature/Incorporator	Date

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ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME. The name of the corpora	tion shall be: Torigh Cha	rm PA	
ARTICLE II PRING 20976 pown	Principal street address		Mailing address, if different is:
Boon Rator	1 FL 33429		
ARTICLE III PURPO The purpose for which the	ose the corporation is organized is: 5		LEW BUSINEY IN
RTICLE V INITIA	stock is:		
Name and Title	: Pracident Touch Cherr	Name and Title:_	
Address	20976 uptour A. # 211	Address:	
	Buca Ratan Fl 33428		
Name and Title:		_ Name and Title:_	
Address		Address:	
Name and Title:		_ Name and Title:_	
Address			
			

Name and Title:	Name and Title:
Address	Address:
ADTICLE VI DECISTEDED ACENT	
<u>ARTICLE VI REGISTERED AGENT</u> The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: Tovich Chain Address: 20976 upfown ave Baca Raten F1 3	_ _
Address: 20976 uplan ave	7-11
Address.	342.0
Dates to	72.7
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Toyinh Cha Address: 20476 uptown Boca Naton F	(m
Address: 20976 uptown	ave #211
Address. D h) [1]	3747
you llaton 1	<u> </u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAL)
(If an effective date is listed, the date must be spec	ific and cannot be more than five days prior or 90 days after the
filing.)	
	the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	State's records.
Having have named as assistant as aut to account same	ice of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appoint	nent as registered agent and agree to act in this capacity
	5/22/2011
Required Signature/Registe	
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	tted herein are true. I am aware that the false information submitted in a red degree felony as provided for in s.817.155, F.S.
74/	_
Required Signature/Incorporator	Date 5/23/2014
required Signature/Theorporator	
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