

JUL 19 2024 2:37 PM

No. 1597

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P2400048111

Note: Please print this on a laser or a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000245651 3)))



H240002456513ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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 SNK GROUP CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL 19 PM 5:08

RECEIVED
2024 JUL 19 PM 3:09
DIVISION OF CORPORATIONS
SECRETARY OF STATE

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Jul 19, 2024 2:37PM

7049 0W 245 001 5 No. 1597 2. 2
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: SNK GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5820 LAKESHORE DR. #118
FT. LAUDERDALE, FL 33312

Mailing address, if different is:
5820 LAKESHORE DR. #118
FT. LAUDERDALE, FL 33312

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAWN OSTROVIAK/PRESIDENT Name and Title: _____

Address: 5820 LAKESHORE DR. #118 Address: _____

FT. LAUDERDALE, FL 33312 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
2024 JUL 19 PM 5:08
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: SHAWN OSTROVIAK
 Address: 5820 LAKESHORE DR. #118
FT. LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH
 Address: 41 STATE STREET SUITE 700
ALBANY, NY 12207

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

/S/ SHAWN OSTROVIAK 7/19/2024
 Required Signature/Registered Agent 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.

Lawrence A. Kirsch 7/19/2024
 Required Signature/Incorporator Date