

P24000076336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

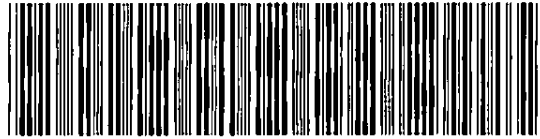
Special Instructions to Filing Officer:

08/08/24

Give a call

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Office Use Only



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2024 DEC 18 AM 9:10
CLERK OF THE STATE
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Reserve Hub Corporation

(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: ELENA VOLSKAIA

Name (Printed or typed)

19195 MYSTIC POINTE DR, UNIT 1602

Address

AVENTURA, FL 33180

City, State & Zip

747-272-2231

Daytime Telephone number

INFO@RESERVELAB.IO

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

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

STATE
SECRET

2024 DEC 18 AM 9:10

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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: Reserve Hub Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
19195 MYSTIC POINTE DR UNIT 1602
AVENTURA FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is _____

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELENA VOLSKAIA, CEO

Name and Title: RUSLAN TOLKACHEV, CTO

Address: 19195 Mystic Pointe Dr
Unit 1602
Aventura, FL, 33180

Address: 19195 Mystic Pointe Dr
Unit 1602
Aventura, FL, 33180

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2024 DEC 18 AM 9:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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 RUSLAN TOLKACHEV
Address 19195 Mystic Pointe Dr, Unit 1602
Aventura, FL, 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name ELENA VOLSKAIA
Address 19195 Mystic Pointe Dr, Unit 1602
Aventura, FL, 33180

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
Date 08/29/2024

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.

Elena Volskaia
Required Signature Incorporator
Date 08/29/20

FILED
2024 DEC 18 AM 9:10
STATE
TALLAHASSEE, FL

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: Reserve Hub Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
19195 MYSTIC POINTE DR. UNIT 1602
AVENTURA FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title ELENA VOLSKAIA, CEO

Name and Title: RUSLAN TOLKACHEV, CTO

Address 19195 Mystic Pointe Dr
Unit 1602
Aventura, FL, 33180

Address: 19195 Mystic Pointe Dr
Unit 1602
Aventura, FL, 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2024 DEC 18 AM 9:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: RUSLAN TOLKACHEV

Address: 19195 Mystic Pointe Dr, Unit 1602

Aventura, FL, 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ELENA VOLSKAIA

Address: 19195 Mystic Pointe Dr, Unit 1602

Aventura, FL, 33180

FILED
2024 DEC 18 AM 9:10
SEC. OF STATE
TALLAHASSEE, FL

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.

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Required Signature/Registered Agent

08/29/2024
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.

Elena Volskaia
Required Signature/Incorporator

08/29/20
Date