

**P2500000533**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H25000003373 3)))



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To:

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

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Account Name : RASI 5  
Account Number : I20040000031  
Phone : (800)906-9220  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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2025 JAN -3 PM 4:08

TALLAHASSEE, FL

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Arlilest Corp**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

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T-JH  
1/6/25

**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: Artilest Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address  
1600 NE 1st Ave Unit 1406Miami FL 33146

Mailing address, if different is:

1600 NE 1st Ave Unit 1406Miami FL 33146**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Stela Gogaj - PresidentAddress 1600 NE 1st Ave Unit 1406Miami FL 33146

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Leonidha ZheZha-VPAddress 1600 NE 1st Ave Unit 1406Miami FL 33146

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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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: Stela Gogaj  
Address: 1600 NE 1st Ave Unit 1406  
Miami FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stela Gogaj  
Address: 1600 NE 1st Ave Unit 1406  
Miami FL 33146

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**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 business days prior or 90 business 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/ Stela Gogaj

1/3/2025

\_\_\_\_\_  
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.*

/S/ Stela Gogaj

1/3/2025

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date