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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  
BEST RELIABLE, CORP.

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

2020 DEC -2 PM 3:11

2020 DEC -2 PM 1:21

FILED

*JMK*  
*12/3/20*

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COVER LETTER

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

SUBJECT: BEST RELIABLE, CORP.  
(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 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 COPY REQUIRED**

FROM: OLEKSANDR PATRAMANSKYI  
Name (Printed or typed)

2501 S OCEAN DR. UNIT 427  
Address

HOLLYWOOD, FL 33019  
City, State & Zip

(954)669-7854  
Daytime Telephone number

ANTIK0409@YA.RU  
E-mail address: (to be used for future annual report notification)

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

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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: BEST RELIABLE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2501 S OCEAN DR, UNIT 427
HOLLYWOOD, FL 33019

2501 S OCEAN DR, UNIT 427
HOLLYWOOD, FL 33019

ARTICLE III PURPOSE

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

[Empty lines for additional text]

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLEKSANDR PATRAMANSKYI Name and Title:

Address: 2501 S OCEAN DR, UNIT 427 Address:
HOLLYWOOD, FL 33019

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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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: OLEKSANDR PATRAMANSKYI  
 Address: 2501 S OCEAN DR, UNIT 427  
HOLLYWOOD, FL 33019

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OLEKSANDR PATRAMANSKYI  
 Address: 2501 S OCEAN DR, UNIT 427  
HOLLYWOOD, FL 33019

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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 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*

Oleksandr Patramanskyi \_\_\_\_\_ 12/02/2020  
 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.*

Oleksandr Patramanskyi \_\_\_\_\_ 12/02/2020  
 Required Signature/Incorporator Date