

5/12/22, 1:31 PM

PROV 35251
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H22000170657 3)))



H220001706573ABC/

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 : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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
MS BUBBLE OF COLLINS INC**

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

**T. SCOTT,
MAY 13 2022**

RECEIVED
2022 MAY 12 PM 2:34
CORPORATIONS
COMMERCIAL
SERVICES

(((H22000170657 3)))

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: MS BUBBLE OF COLLINS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7428 Collins Ave., Miami Beach, FL 33141
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dimitry Berezovsky, President</u>	Name and Title:	_____
Address	<u>7426 Collins Ave.</u> <u>Miami Beach, FL 33141</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

REC'D
MAY 17 2022
MAY 17 2022
MAY 17 2022
MAY 17 2022

((H22000170657 3)))

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: Dimitry Berezovsky
 Address: 7426 Collins Ave.
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dimitry Berezovsky
 Address: 7426 Collins Ave.
Miami Beach, FL 33141

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

<u>Dimitry Berezovsky</u>	<u>5/12/2022</u>
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.

<u>Dimitry Berezovsky</u>	<u>5/12/2022</u>
Required Signature/Incorporator	Date