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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	BESSEN CORP			
	Name o	f corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return	all correspondence concernin	g this matter	to the following:	
MICHAEL SH	TARKMAN			
		Name of I	erson	
WISDOM PRO	DFESSIONAL SERVICES INC			
		Firm/Com	pany	
626 SHEEPSH	EAD BAY RD STE 640			
,		Addre	SS	
BROOKLYN	NY 11224			
		City/State ar	nd Zip code	
MSHTARKM	ANCPA@GMAIL.COM			
	E-mail address:	(to be used f	or future annual report notification)	
For further in	formation concerning this ma	itter, please c	all:	
MICHAEL SH	MICHAEL SHTARKMAN 718		5546672	
Name	e of Person	Area Code) 5546672 Daytime Telephone Number	
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section from of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amou eck payable to: FLORIDA DE ng Fee \$78.75 Filing Certificate of	PARTMENT Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,

"Inc" "Co" "Corp." "Inc" "Corp."	lorida, enter alternate corporate name ad	dopted for the purpose of transacting bu 7-4547085		-
2. NEW YORK (State or country under 07/16/2015	3. <u>4</u>	7-4547085		-
(State or country under 07/16/2015				
(State or country under 07/16/2015	the law of which it is incorporated)	(1212) numbur if applica		
·	5	(FEI number, if applicable)		-
(Date of incor	poration)	(Date of duration, if other than	perpetual)	-
01/01/2024 5.				
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150)			-
2401 SW 145TH AVE MIRAMAR FL 33027			202 SE	
	(Principal office	street address)	JAN:	11
	29 PM			
	ss of Florida registered agent: (P.O. REY VISHNEV	Box NOT acceptable)	3: 13 E. FL	لتروي يك
Office Address: 2401	SW 145TH AVE	- -		
MIRA	MAR	, Florida <u>33027</u>		
	(City)	(Zip code)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS ANDREY VISHNEY Name: □Chairman □ Chairman Name: _____ 2401 SW 145TH AVE Address:_ □Vice Chairman □Vice Chairman Address: MIRAMAR FL 33027 □ Director □Director ■ President □President □ Vice President ______ □Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other_____ □Other _____ □Other _____ □Other _____ MIKHAIL GORODNITSKIY □ Chairman □Chairman Name: ______ 2401 SW 145TH AVE □Vice Chairman Address: _ Address: _____ □Vice Chairman MIRAMAR FL 33027 □ Director □ Director □President □President ■ Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □()ther _____ ☐Other_____ □Other _____ Name: _____ □ Chairman □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □President □President □Vice President ___ □Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ ☐Other _____ □Other _____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form, Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

ANDREY VISHNEV, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BESSEN CORP

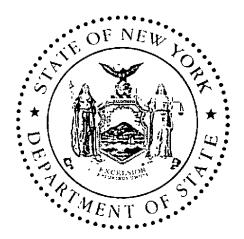
DOS ID Number: 4790942

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 07/16/2015

Statement Status: CURRENT Statement Due Date: 07/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 11, 2024 at 02:48 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

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