

M 200000009784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

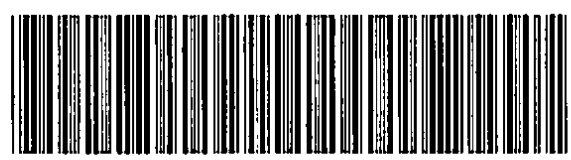
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 27 PM 3:05
TALLAHASSEE, FLORIDA

YS
10/30/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2020

MAXIM ROGOVTSEV
2380 DREW STREET
STE 1
CLEARWATER, FL 33765

SUBJECT: HAPPY CREATORS COMPANY LLC
Ref. Number: W200001.16231.

We have received your document for HAPPY CREATORS COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 620A00019837

RECEIVED

OCT 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPYCREATORSCOMPANY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MAXIM ROGOVTSEV

Name of Person

HAPPYCREATORSCOMPANY LLC

Firm/Company

2380 DREW STREET STE 1

Address

CLEARWATER , FL 33765

City/State and Zip Code

MAXIMUMBEAUTY13@GMAIL.COM

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

2020 OCT 27 PM 8:05
STATE OF FLORIDA
TALLAHASSEE

FILED

For further information concerning this matter, please call:

MAXIM ROGOVTSEV

813

867-7111

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HAPPYCREATORSCOMPANY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-1877727 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2380 DREW STREET STE 1 (Street Address of Principal Office)
6. 2380 DREW STREET STE 1 (Mailing Address)

CLEARWATER, FL 33765

CLEARWATER, FL 33765

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ELINA LINDERMAN

Office Address: 2380 DREW STREET STE 2

CLEARWATER, Florida 33765
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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TALLAHASSEE, FLORIDA
2020 OCT 27 PM 3:05

1. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: MAXIM ROGOVTSEV
 Member Address: 2380 DREW STREET STE 1
 Authorized CLEARWATER, FL 33765
Person _____
 Other _____ Other _____

Manager Name: SVITLANA ROGOVTSEVA
 Member Address: 2380 DREW STREET STE 1
 Authorized CLEARWATER, FL 33765
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

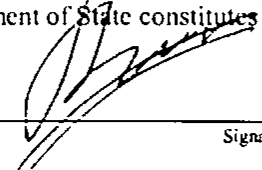
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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TALLAHASSEE, FLORIDA

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.

2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

3. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

MAXIM ROGOVTSEV

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAPPYCREATORSCOMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2020.

PROCESSED
2020 OCT 27 PM 3:06
STATE OF DELAWARE
HALLMARKS ST. FLORIDA




Jeffrey W. Bullock, Secretary of State

6671249 8300

SR# 20207430135

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203733793

Date: 09-25-20