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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I2007000019
Phone : (518)689-1212
Fax Number : (518)432-0742

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2021 SEP 23 PM 5:50
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CORPORATIONS
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ARTUR MARKOV@gmail.com

Foreign Limited Liability Company
BOUTIQUE AUTO HAUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$125.00

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9/22/2021

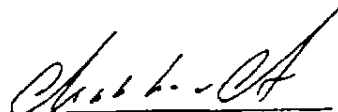
RE: BOUTIQUE AUTO HAUS LLC

To Whom This May Concern,

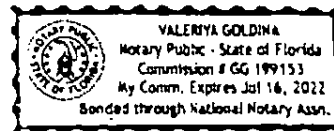
I have no interest in reinstating BOUTIQUE AUTO HAUS LLC document number L21000177261. Company was formed on April 16, 2021 and dissolved on September 17, 2021

I would like to release the name, so it can be used for my filing of Certificate of Authority

Thank you,



Artur Markov





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. BOUTIQUE AUTO HAUS 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. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 14867 NE 20TH AVENUE
(Street Address of Principal Office)

6. 14867 NE 20TH AVENUE
(Mailing Address)

NORTH MIAMI BEACH FL 33181

NORTH MIAMI BEACH FL 33181

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STATE

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

Name: PAVEL PORTNOY

Office Address: 100 BAYVIEW DR PH23

SUNNY ISLES, Florida 33160
(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) [Handwritten Signature]

8. 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: ARTUR MARKOV

Member Address: 14867 NE 20TH AVENUE

Authorized NORTH MIAMI BEACH FL 33181

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: PAVEL PORTNOY

Member Address: 14867 NE 20TH AVENUE

Authorized NORTH MIAMI BEACH FL 33181

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

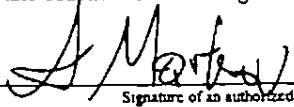
Person _____

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.

9. 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)

10. 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

ARTUR MARKOV

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

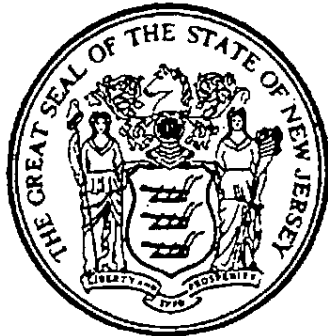
**BOUTIQUE AUTO HAUS LLC
0450528680**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 13, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*ARTUR MARKOV
153 CEDAR DR
COLTS NECK, NJ 07722*



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of August, 2021

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6122040323

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp