# HRPCOCOCOPINY

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(City/Gtate/Zip/Filone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



900352856359

10/05/20--01028--009 \*\*125.00

2020 OCT 27 PH 3: 05

US 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: W20000116231

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 2 6 2020

#### **COVER LETTER**

ГО:

·O:	Registration Section Division of Corporations						
UBJE	HAPPYCREATORSCOMPANY LLC						
Name of Limited Liability Company							
he encl	losed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.					
lease re	eturn all correspondence concerning this matter t	to the following:					
	MAXIM ROGOVTSEV						
		Name of Person					
	HAPPYCREATORSCOMPANY LLC	Name of Person  Firm/Company					
		Firm/Company (2)					
	2380 DREW STREET STE 1						
		Address OF 10 10 10 10 10 10 10 10 10 10 10 10 10					
	CLEARWATER, FL 33765	DA CO					
	C	City/State and Zip Code					
	MAXIMUMBEAUTY13@GMAIL.CO	)M					
	E-mail address: (to be	e used for future annual report notification)					
or furth	ner information concerning this matter, please ca	dt:					
	MAXIM ROGOVTSEV	813 867-7111 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF						
	■ \$125.00 Filing Fee	•					

## 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:

HAPPYCREATORSC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," o	r "LLC.")	
			<del> </del>	W1 2 11 1 1 2 G	# 10 T C 11 11 L 1
If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The		"Limited Liability Compa	ny, "LataC, of "Lita
DELAWARE		3.	37-1877727	12 13	anger gr
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.		(FEI number, if applient	le)
				ラガス	) [
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	L.)	<del> </del>	2
					კ. ენ
2380 DREW STREET STE 1			2380 DREW STRE	IET STE [是当	Q.
treet Address of Principal Office)		6.	(Mailing Address)	ッ	<u></u>
CLEARWATER, FL 33765			CLEARWATER, FL 33765		
			CEEARWATER, TE 33703		
		•			_
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	(cceptable)		
<u> </u>	<u> </u>		,		
	St. N. L. I. N. D. S. D. C. A.				
ELINA LINDERMAN Name:					
			<del></del>		
Office Address	2380 DREW STREET STE 2				
Office Address:					
	CLEARWATER			765	
	(City)		, Florida	Zip code)	
	(Cn)		,	mp 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)

3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to nanage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: itle or Capacity: Name: MAXIM ROGOVTSEV ■Manager □ Manager 2380 DREW STREET STE I ]Member ☐ Member Address: \_\_\_\_\_ CLEARWATER, FL 33765 □ Authorized **JAuthorized** Person Person Other\_ ]Other □Other\_ SVITLANA ROGOVTSEVA **■**Manager □Manager Name: Address: \_\_ 2380 DREW STREET STE 1 3Member □Member Address: CLEARWATER, FL 33765 □ Authorized 3Authorized Person Person ]Other\_ Other\_\_\_\_\_ □Other Other\_\_\_\_ ]Manager □Manager Name: \_\_\_\_\_ ]Member □Member Address: ]Authorized ☐ Authorized Person Person Other\_\_\_\_ Other □Other\_\_\_\_ ]Other mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonidexed individuals may be added to the index when filing your Florida Department of State Annual Report form. . Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the irisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted 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



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.

2020 OCT 27 PM 3: 06

Authentication: 203733793

Date: 09-25-20