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TALLAHASSEE, FLORIDA

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2010 FEB 12 P 1:43

TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Allianz A.G. (Corp.)

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Natalia Kouznetsova

Name of Person

LEX International Law Firm, P.A.

Firm/Company

100 SE 2nd Street, Suite 2222-B

Address

Miami, FL 33131-2151

City/State and Zip code

lex1usa@aol.com

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

For further information concerning this matter, please call:

Natalia Kouznetsova

Name of Person

at (305) 358-9995

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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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

2014 FEB 12 P 1:43

1. Allianz A.G., Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming

(State or country under the law of which it is incorporated)

3. 20-2055571

(FEI number, if applicable)

4. December 2, 2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2710 Thomas Ave., Cheyenne, WY 82001

(Principal office address)

Allianz A.G. (Corp.) 3325 Hollywood Blvd., Suite 400A Hollywood, FL 33021

(Current mailing address)

8. General financial investment (stock market, real estate, mortgages, business ventures)

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Elizaveta V. Samorukova

Office Address: Law Office of Elizaveta V. Samorukova, P.A., 3325 Hollywood Blvd., Suite 400-A

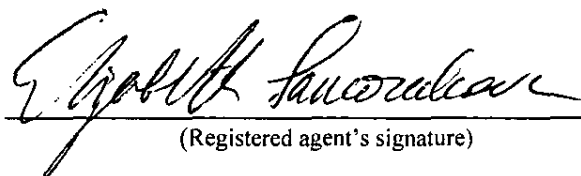
Hollywood, Florida 33021

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

2010 FEB 12 P 1:43

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: A. Goryainov

Address: 2710 Thomes Ave., Cheyenne, WY 82001

B. OFFICERS

President: A. Goryainov

Address: 2710 Thomes Ave., Cheyenne, WY 82001

Vice President: _____

Address: _____

Secretary: A. Goryainov

Address: 2710 Thomes Ave., Cheyenne, WY 82001

Treasurer: A. Goryainov

Address: 2710 Thomes Ave., Cheyenne, WY 82001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. A. Goryainov, President

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Allianz Ag
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **December 2, 2002**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2002-000442038**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of November, 2009 at 3:13 PM. This certificate is assigned 006513418.



Max Maxfield
Secretary of State

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2010 FEB 12 P 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.