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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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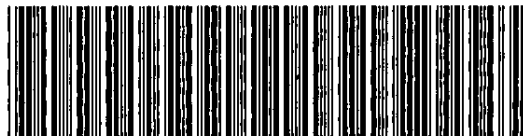
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY -4 PM 3.30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/11/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sanliko corporation

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:

Dmitry Krivoshein

Name of Person

Sanliko corporation

Firm/Company

1887 SW Angelico Ln

Address

Port St. Lucie, FL 34984

City/State and Zip code

sanliko@yahoo.com

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

For further information concerning this matter, please call:

Ivan Krivoshein

Name of Person

at (415) 368-1615

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

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SECRETARY OF STATE

**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.*

1. SANLIKO CORPORATION

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

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

2. California

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

3. 45-2923404

(FEL number, if applicable)

4. 09/01/2011

(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. 1887 SW Angelico In, Port St. Lucie, FL 34984

(Principal office address)

1887 SW Angelico In, Port St. Lucie, FL 34984

(Current mailing address)

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

Name:

Dmitry Krivoshein

Office Address:

1887 SW Angelico In

Port St. Lucie, FL

(City)

. Florida

34984

(Zip code)

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TALLAHASSEE, FLORIDA

9. 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)

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.

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

A. DIRECTORS

Chairman: Dmitry Krivoshein

Address: 1887 SW Angelico In, Port St.Lucie, FL 34984

Vice Chairman: _____

Address: _____

Director: Alexandra Evseeva

Address: 1887 SW Angelico In, Port St.Lucie, FL 34984

Director: Ivan Krivoshein

Address: 1178 N Grove st Ste E, Anaheim, CA 92806

B. OFFICERS

President: Dmitry Krivoshein

Address: 1887 SW Angelico In, Port St.Lucie, FL 34984

Vice President: _____

Address: _____

Secretary: Ivan Krivoshein

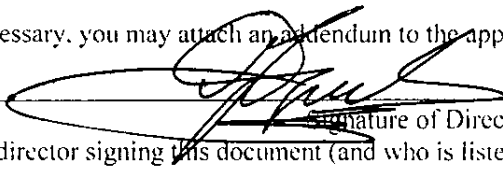
Address: 1178 N Grove st Ste E, Anaheim, CA 92806

Treasurer: Alexandra Evseeva

Address: 1887 SW Angelico In, Port St.Lucie, FL 34984

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

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

13. Dmitry Krivoshein, Chairman and CEO of Sanliko corporation

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

FILED

15 MAY -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

FILED

15 MAY -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

SANLIKO CORPORATION

FILE NUMBER: C3413712
FORMATION DATE: 09/01/2011
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

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



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of April 22, 2015.

ALEX PADILLA
Secretary of State

SAG