

F17000001206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W17-7138

Office Use Only



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01/24/17--01009--008 **78.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 10 A 10:07

FILED

S Warren

MAR 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

LEO ZABEZHINSKY
8224 OLSEN MEMORIAL HWY.
GOLDEN VALLEY, MN 55427

SUBJECT: ALL STRINGS ATTACHED, INC.
Ref. Number: W17000007138

We have received your document for ALL STRINGS ATTACHED, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

NEED CERTIFICATE OF GOOD STANDING FROM MN SECRETARY OF
STATE, SCREEN PRINT DOES NOT MEET STATUTORY REQUIREMENTS

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00003864



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

3EO ZABEZHINSKY
8224 OLSEN MEMORIAL HWY.
GOLDEN VALLEY, MN 55427

SUBJECT: ALL STRINGS ATTACHED, INC.
Ref. Number: W17000007138

We have received your document for ALL STRINGS ATTACHED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00001604

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL STRINGS ATTACHED, INC.

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:

LEO ZABEZHINSKY

Name of Person

ALL STRINGS ATTACHED, INC.

Firm/Company

8224 OLSON MEMORIAL HWY.

Address

GOLDEN VALLEY, MN 55427

City/State and Zip code

OFFICE@ALLSTRINGSATTACHED.COM

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

For further information concerning this matter, please call:

LEO ZABEZHINSKY

763

542-9542

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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**

*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. ALL STRINGS ATTACHED, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. MINNESOTA 3. 05-0606952
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/14/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 902 S. ATLANTIC DRIVE LANTANA, FL 33462
(Principal office address)

(Current mailing address, if different)

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

Name: LEO ZABEZHINSKY

Office Address: 902 S. ATLANTIC DRIVE
LANTANA, Florida 33462
(City) (Zip code)

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.

Leo Zabzhinsky

(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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NATALIE V. ZABEZHINSKY

Address: 8224 OLSON MEMORIAL HWY.
GOLDEN VALLEY, MN 55427

Vice President: LEO ZABEZHINSKY

Address: 8224 OLSON MEMORIAL HWY.
GOLDEN VALLEY, MN 55427

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Leo Zabezhinsky _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. LEO ZABEZHINSKY, VICE-PRESIDENT _____

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

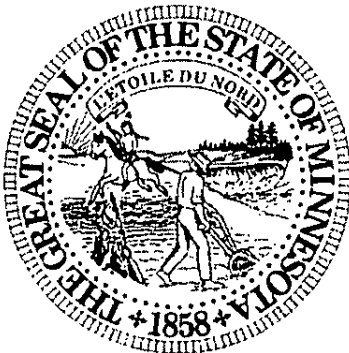
FILED
2017 MAR 10 AM 10:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	All Strings Attached, Inc.
Date Filed:	10/16/2003
File Number:	659746-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/08/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota