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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

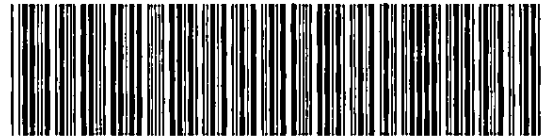
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL 32301

K. SALY

JUL 25 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEB IDEAS, 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:

VLADIMIR TOKAREV

\_\_\_\_\_  
Name of Person

WEB IDEAS, INC.

\_\_\_\_\_  
Firm/Company

3226 NW 123 AVE

\_\_\_\_\_  
Address

SUNRISE, FL 33323

\_\_\_\_\_  
City/State and Zip code

WEBIDEAS@GMAIL.COM

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

For further information concerning this matter, please call:

VLADIMIR TOKAREV

612 548-1204  
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.*

WEB IDEAS, INC.

1. \_\_\_\_\_  
(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. MINNESOTA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/22/2015 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 02/02/2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3226 NW 123 AVE, SUNRISE, FL 33323  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

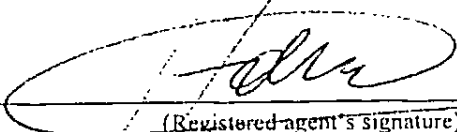
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VLADIMIR TOKAREV

Office Address: 3225 NW 123 AVE  
SUNRISE, Florida 33323  
(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.*

  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: VLADIMIR TOKAREV

Address: 3226 NW 123 AVE  
SUNRISE FL 33323

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director: N/A

Address:

**B. OFFICERS**

President: VLADIMIR TOKAREV

Address: 3226 NW 123 AVE  
SUNRISE FL 33323

Vice President: N/A

Address:

Secretary: VLADIMIR TOKAREV

Address: SAME

Treasurer: VLADIMIR TOKAREV

Address: SAME

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

12. N/A

  
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. VLADIMIR TOKAREV, PRESIDENT

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

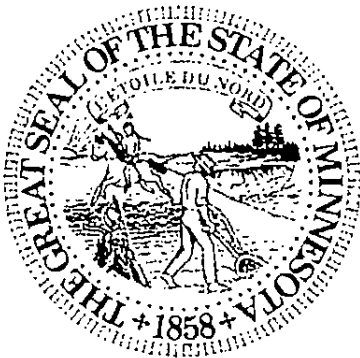
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TALLAHASSEE, FLORIDA

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: WEB IDEAS, INC.  
Date Filed: 05/22/2015  
File Number: 827608700024  
Minnesota Statutes, Chapter: 302A  
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/07/2017



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota

2017 JUL 25 PM 12:24  
STATE OF MINN.  
CLERK OF STATE  
TALLAHASSEE, FL 32310



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2017

VLADIMIR TOKAREV  
WEB IDEAS, INC.  
3226 NW 123 AVE.  
SUNRISE, FL 33323

SUBJECT: WEB IDEAS, INC.  
Ref. Number: W17000058547

We have received your document for WEB IDEAS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 417A00014357