

**F18000001320**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000873143)))



H180000873143ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-5383

## From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2018 MAR 19 AM 9:02

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
EASYMOVINGUSA CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2018 MAR 19 AM 8:31

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B FIGUEROA

MAR 20 2018

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. EASYMOVINGUSA CORP.

(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. NEW YORK

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

3. \_\_\_\_\_

(FBI number, if applicable)

4. JUNE 06, 2012

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "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. 210 174TH STREET, #1203, SUNNY ISLES BEACH, FL 33160

(Principal office address)

210 174TH STREET, #1203, SUNNY ISLES BEACH, FL 33160

(Current mailing address)

8. TRUCKING-MOVING

(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:

ROMAN DIORDIASENCO

Office Address:

210 174TH STREET, #1203

SUNNY ISLES BEACH

(City)

, Florida: 33160

(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 MAR 19 AM 8:31

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

A. DIRECTORS

Chairman: ROMAN DIORDIASENCO

Address: 210 174TH STREET, #1203  
SUNNY ISLES BEACH, FL 33160

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: ROMAN DIORDIASENCO

Address: 210 174TH STREET, #1203  
SUNNY ISLES BEACH, FL 33160

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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, P.S.

14. ROMAN DIORDIASENCO, PRESIDENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAR 19 AM 8:31

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of EASYMOVINGUSA CORP. was filed on 06/06/2012, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 16th day of March  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201803190009 \* 9T