

F21000004050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

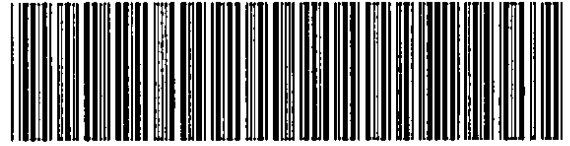
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LGM AUTO FINANCE

Sent via UPS, Tracking Number 1Z3Y1V850298809531

June 18, 2020

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida – The LGM Co. Inc./LGM Auto Finance

To Whom It May Concern:

Please find enclosed the application of The LGM Co. Inc., or LGM Auto Finance for the purposes of conducting business in Florida, for authorization to transact business in Florida. Also enclosed, please find the Cover Letter, Certificate of Good Standing from the state of Ohio, and check in the amount of \$70.00.

Should you have any questions or concerns please reach out to me at clowden@autoservicesunlimited.com or 440-703-6113.

Best Regards,

Cassidy M. Lowden, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The LGM Co. 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:

Cassidy Lowden

Name of Person

Auto Services Unlimited

Firm/Company

5755 Granger Road, Suite 777

Address

Independence, Ohio 44131

City/State and Zip code

clowden@autoservicesunlimited.com

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

For further information concerning this matter, please call:

Cassidy Lowden

at (440) 703-6113

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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. The LGM Co. Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Ohio 3. 45-3542505
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/30/2011 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. 5755 Granger Road, Suite 777, Independence, Ohio 44131
(Principal office street address)

(Current mailing address, if different)

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

Name: Oleg Kislyansky

Office Address: 19390 NW 2nd Avenue
Miami Gardens, Florida 33169
(City) (Zip code)

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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.

OL

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Igor Grinberg
 Vice Chairman Address: _____
 Director 5465 N Woods Lane, Solon, OH 44139
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Vadim Grinberg
 Vice Chairman Address: _____
 Director 5455 N Woods Lane, Solon, OH 44139
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

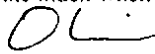
Chairman Name: Michael Kislyansky
 Vice Chairman Address: _____
 Director 5448 Stone Creek Drive,
Solon, OH 44139
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Slav Khudyakov
 Vice Chairman Address: _____
 Director 80 Riverview, Bentleyville, OH 44022
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Oleg Kislyansky
 Vice Chairman Address: _____
 Director 531 W. 51st St. Miami Beach, FL 33140
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: David Nikolson
 Vice Chairman Address: _____
 Director 18724 Whitmarsh Lane,
Strongsville OH 44149
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
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. Oleg Kislyansky, President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE LGM CO., INC., an Ohio corporation, Charter No. 2051019, having its principal location in MacEdonia, County of Summit, was incorporated on September 30, 2011 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of June, A.D. 2021.

Frank LaRose

Ohio Secretary of State

Validation Number: 202116801996