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OCT 2 1 2022

M. SOLOMON

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Symfa Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Dmitri Dubograev, esq.	
Name of Pe	rson
	72 em 72
Firm/Compa	any 2
901 N Pitt St, STE 325	27. 27. 28. 28. 28. 28. 28. 28. 28. 28. 28. 28
Address	, , , , , , , , , , , , , , , , , , ,
Alexandria, VA 22314	100 Ax
City/State and	Zip code S
assistant@femida.us	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	l:
Dmitri Dubograev 703	7399111
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
	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Symfa Inc.			
(Enter name of c	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORAT	ion,"
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transac	cting business in Florida)
Commonwealth	of Virginia		
2. (State or count)	ry under the law of which it is incorporated	3(FEI number, if	f applicable)
. 06/01/2022			
4. (Date	e of incorporation)	5. (Date of duration, if oth	ner than perpetual)
6.			
0.		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty lia	ability)
7 700 North Fairfa	x St., Alexandria, VA 22314.		
·	(Principal	office street address)	
700 North Fairfa	ax St., Suite 614, Alexandria, VA 22314.		
	(Current ma	iling address, if different)	2#22
8. Name and stre	et address of Florida registered agent: (	P.O. Box NOT acceptable)	122 OCT 14
Name:	Registered Agents Inc	<u>.</u>	47 F [
Office Address:	7901 4th St N STE 300,		90 00 m/ 10 m
	St. Petersburg,	, Florida	25. <b>C</b>
	(City)	(Zip code)	- · · · · · · · · · · · · · · · · · · ·
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept so s application, I hereby accept the appo comply with the provisions of all statut r with and accept the obligations of my	intment as registered agent and a es relative to the proper and com	agree to act in this capacity. I
	Bill Havre		
_	(Registered agent	's signature)	

under the law of which it is incorporated.

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

	;	
:		•
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\*.		•

A. DIRECTORS						
Chairman	Name: Sergey Galuza	□Chairman	Name:			
□ Vice Chairman	Address:Address	□Vice Chairman	Address:	<u> </u>		
Director	Poland, Warsaw	□Director				
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary		□Treasurer		
Other	Other	□Other	<u></u>	Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	700 North Fairfax St	□Vice Chairman				
Director	Alexandria, VA 22314.	Director		-		
□President		□President			-	
		□Vice President			25 th	2022
	Treasurer	Secretary		Treasurer	<u> </u>	000
Secretary  Other		Other		Other	مناه ور	Ē.
					行の意	AR O:
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		President		<del> </del>		<del></del>
□Vice President		□ Vice President				
□Secretary	□Treasurer	Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department.  Signature of Director of	ent of State Annual R	ed for reporting peport form.	ourposes only. No	on-index	ed
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms ti ment of State constitu	hat the facts state utes a third degre	ed herein are true ee felony as prov	and tha	t he or in

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

# Commonboealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Symfa Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on June 1, 2022;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 10, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022101017856212