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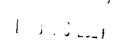
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### COVER LETTER

	egistration Section evision of Corporations		
SHRIEC	T: PREMIUM PANELING INC	• ·	
audar.C	Name (	of corporation	- must include suffix
Dear Sir o	r Madam:		
"Certificat		of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please reti	ırn all correspondence concerni	ng this matter	to the following:
MICHAEL	SHTARKMAN		
		Name of I	Person
WISDOM	PROFESSIONAL SERVICES IN	С	
		Firm/Com	pany
626 SHEET	PSHEAD BAY RD STE 640		
		Addre	SS
BROOKLY	'N NY 11224		
		City/State ar	nd Zip code
MSHTAR	(MANCPA@GMAIL.COM		
	E-mail address	; (to be used f	or future annual report notification)
For further	information concerning this m	atter, please ca	all:
MICHAEL	SHTARKMAN	718	Daytime Telephone Number
N	ame 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
Please make	s a check for the following amore check payable to: FLORIDA DI Filing Fee \$78.75 Filin Certificate of	EPARTMENT g Fee & □	OF 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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)	-
NEW YORK	3.	8-2347610		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		_
(Date of incorporation)		(Date of duration, if other than perpetual)		-
01/01/2024				
•	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ity)	-
401 SW 145TH	AVE MIRAMAR FL 33027		<u> </u>	_
	(Principal office	street address)	Z4 JAN FACC	■ <b>2.</b> 7
. <del></del> .	(Current mailing address, if different)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				4 3 1 1 1 1 1 1 1
Name:	ANDREY VISHNEV	_	2: 39	
fice Address:	2401 SW 145TH AVE		,., _	
	MIRAMAR	Florida		
	(City)	(Zip code)		

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.

#### A. DIRECTORS Name: ANDREY VISHNEV ☐ Chairman □ Chairman 2401 SW 145TH AVE ☐ Vice Chairman ☐ Vice Chairman Address: Address: MIRAMAR FL 33027 □Director Director President President □ Vice President □ Vice President ☐ Secretary □Treasurer □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ MIKHAIL GORODNITSKIY □Chairman □Chairman Name: 2401 SW 145TH AVE □ Vice Chairman Address: □Vice Chairman Address: MIRAMAR FL 33027 □ Director □ Director □President □President ■Vice President \_\_ □Vice President □ Secretary ☐Treasurer ☐ Secretary □ Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other\_\_\_\_\_ Other \_\_\_\_\_\_ □Chairman □Chairman Name: Name: □Vice Chairman Address: \_\_\_\_\_ ☐Vice Chairman Address: □ Director □Director □President President □Vice President \_\_\_\_ □Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □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 liting your Florida Department of State Annual Report form. 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.

ANDREY VISHNEV, President

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PREMIUM PANELING INC.

DOS ID Number: 6487263

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 05/17/2022

Statement Status: CURRENT Statement Due Date: 05/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 11, 2024 at 02:40 P.M.

Brandon C Heylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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