PLEASERFACION DUCTOR SERVAL PLETING THIS FORM.



LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE

El Ca

	COMPANY NSTATEMENT	/	y of State corporations		-1 PM 1:17	
1. Limited	UMENT# LOIC Liability Company's Name NETIAN CLA	0000212	T.	SEGRUTA ALBAHAS	RY OF SLAH SEE FLORIDA	
City & State		33162:	MIBEACH, FL Country USA	5. Date Orgal To Do Bus 6. FEI Number	-203/755 S5.00 Addition	Applied For Not Applicable onal Fee required ficate of Status
	8. Name and Address of Current Registered Agent					
,	Street Address (P.O. Box Number is Not Suite, Apt. #, Etc.	<i>A</i> 01	2 NE 15	545	STREET State Zip Code FL 38 16 2	
9. I, being Signature of Registered A	appointed the registered agent of the about		mpany, am familiar with and a	accept the obligat	ions of Chapter 608, F.S. Date	2003 Russia
10. Name	s and Street Addresses of Managing Mem	bers/Managers				
Titles	Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Manager		City / State / Zip	
n GR	MARIO WAISM	AN 203	NE 155+2	Str.	North MIAMI E FLORIDA 3	3EACH, 13162
				12/01)0025086790 /0301011019 **1) 50.00
				STAT	13/08 M8	3-
all fees of as if ma	that I am managing member/manager or is reinstatement application the readon for owed by the limited liability company beve- ade under oath.	been paid. The information	ted, the limited liability compa indicated on this application is	ny name satisfies true and accurat	d for in chapter 608, F.S. I further certify the requirements of section 608.406, F.e., and my signature shall have the same aptime.	S., and that e legal effect

Typed or printed name of signing Managing Member/Manager Mario Waiśmay