

L15000108615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

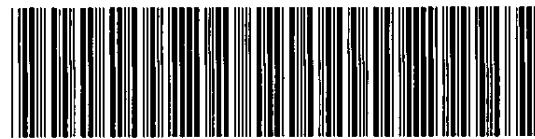
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400273345294

400273345294  
06/26/15--01001--025 \*125.00

15 JUN 25 PM 4:36  
RECEIVED  
FILED  
SECRETARY OF STATE  
FLORIDA  
INFORMATION OF CORPORATIONS  
144

15 JUN 25 PM 4:26  
RECEIVED  
INFORMATION OF CORPORATIONS  
144

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The very Right Way LLC  
~Name of Limited Liability/Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLEKSANDR KHRISTENKO

Name of Person

Firm/Company

1767 HERMITAGE blvd apt 12105

Address

Tallahassee, FL 32308

City/State and Zip Code

OLEKSANDR KHRISTENKO@mail.ru

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

For further information concerning this matter, please call:

OLEKSANDR at 302 898 6648

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

APPROVED  
AND  
FILED

15 JUN 25 PM 4:36

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

AMBR

**Name and Address:**

SECRETARY OF STATE  
FLORIDA

OLEKSANDR KHRYSTENKO  
1707 HERMITAGE BLVD apt 12105  
TALLAHASSEE, FL 32308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

KHRYSTENKO

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

APPLIED  
AND  
FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

15 JUN 25 PM 4:36

## The very Right Way LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TAMPA, FLORIDA

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1767 HERMITAGEBLVD  
APT 105  
TAHAWASSE FL 32308

**Mailing Address:**

1767 HERMITAGE BLVD  
APT 12105  
TALLAHASSEE, FL 32305

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

OLEKSANDR KRYSTENKO  
Name  
1762 Hermitage blvd apt 1208  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE FL 32308  
City State Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)