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TALLAHASSEE FLORIDA

16 DEC 12 PM 4:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARKS GROUP

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:

ANNA NESTEROVA

Name of Person

Firm/Company

213 N FEDERAL HWY #10

Address

HALLANDALE, FL 33009

City/State and Zip Code

parks.plastik@yahoo.com

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

For further information concerning this matter, please call:

Anna Nesterova

305

3325632

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2016

ANNA NESTEROVA
213 N FEDERAL HWY #10
HALLANDALE, FL 33009

SUBJECT: PARKS GROUP, LLC
Ref. Number: W16000076098

We have received your document for PARKS GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 616A00024123

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST INDUSTRIAL GROUP 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:

MIKHAIL MATVIENKO

Name of Person

FIRST INDUSTRIAL GROUP

Firm/Company

2021 SW 14TH TER

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

fratria.usa@yahoo.com

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

For further information concerning this matter, please call:

MIKHAIL MATVIENKO

305

3325632

at ()

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

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

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\$160.00 Filing Fee,
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New Filing Section
Division of Corporations
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Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST INDUSTRIAL GROUP LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2021 SW 14TH TER
FORT LAUDERDALE, FL 33315

Mailing Address:

2021 SW 14TH TER
FORT LAUDERDALE, FL 33315

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:

MIKHAIL MATVIENKO

Name

2021 SW 14TH TER

Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33315

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 12 PM 4:08

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)

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:

MIKHAIL MATVIENKO

2021 SW 14TH TER

FORT LAUDERDALE, FL 33315

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.817.135, F.S.

MIKHAIL MATVIENKO

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)

16 DEC 12 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA