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COVER LETTER

Division of Corporations			
SUBJECT: Talent Everest LLC Name of Limited Liability Company			
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:			
Nina Morozova Name of Person			
Name of	Person $\frac{1}{C}$.		
Talent Everest	part.		
Firm/Cor	mpany		
1503 Dorgali	Orive		
	ess 325		
Sarasota, FL City/State and nina & talenteverest, C	34238		
City/State an	d Zip Code		
nina o talenteverest, c	0 m		
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matter, please call:			
Ning Morozova at (94) 923-9007 Name of Person Area Code Daytime Telephone Number			
Name of Person Area Code	Daytime Telephone Number		
Enclosed is a check for the following amount:			
Certificate of Status Certifi	10 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	Street Address		
New Filing Section	New Filing Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	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:

Talent Everes	st LL	C	
(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	ce of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:	
Ving MOTO 20UC 1503 DOTGA EL DE SOSAS OFG, FL 34238		ling Morozova 23 Dorgaei Dr 2195049, FL 34288	
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:			
Nina Morozova Name			
Name			
1503 Dorgali Dr Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
<u>Sarasota</u> City	FL	34238 Zip	
City	State	Zip	
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoin further agree to comply with the provisions of all statutes rela am familiar with and accept the obligations of my position as	ntment as register ting to the proper registered agent	ed agent and agree to act in this capacity. I r and complete performance of my duties, and I as provided for in Chapter 605, F.S	
Registered Agent's Signature (REQUIRED)			

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGP" = Manager /	Wina Morozava
Principal/Manager	1503 DON996 DV
, in the second of the second	Sara soft FL 34238
	
(Use attachment if necessary)	, ,
ARTICLE V: Effective date, if other than the date of fili	ng: 0//01/2017 . (OPTIONAL)
(If all effective date is listed, the date must be specific	and cannot be more than five business days prior to or 90 days after
	ne applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Sta	te s records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false infor	mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
_ Nina	MOSO 20 V E bed or printed name of signee
Tvi	bed or printed name of signee

ARTICLE IV-

Page 2 of 2

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)