

**L17000051280**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

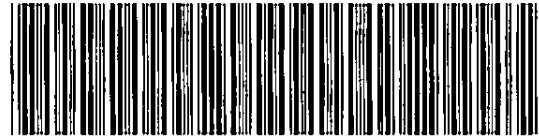
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**200297549652**

08/01/17--01024--014 \*\*25.00

08/01/17--01024--013 \*\*35.00

17 AUG 21 AM 7:43  
ALL REQUESTS FOR  
CERTIFICATES OF STATUS

647



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2017

SVIATLANA BOGDAN  
4022 CORYDON AVE  
NORTH PORT, FL 34286-6609

SUBJECT: RUTRACK LLC  
Ref. Number: L17000051280

We have received your document for RUTRACK LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 717A00015705

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RUTRUCK LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sviatlana Pavlovna Bogdan  
Name of Person

RUTRACK LLC

Firm/Company

4022 Corydon ave

Address

North Port FL-34286-6609

City/State and Zip Code

gsviatlana@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anatoli Bogdan at ( 941 ) 929-4434  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF ORGANIZATION  
OF**

RUTRACK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2017 and assigned  
Florida document number L17000051280.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RUTRACK LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4022 CORYDON AVE

(Principal office address MUST BE A STREET ADDRESS)

NORTH PORT FL 34286

Enter new mailing address, if applicable:

4022 CORYDON AVE

(Mailing address MAY BE A POST OFFICE BOX)

NORTH PORT FL 34286

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SVIATLANA PAVLOVNA BOGDAN

New Registered Office Address:

4022 CORYDON AVE

*Enter Florida street address*

NORTH PORT

*City*

Florida

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sviatlana Pavlovna Bogdan	4022 Corydon Ave.North Port Fl 34	<input checked="" type="checkbox"/> Add
		AP ,BOGDAN,SVIATLANA ,MISS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANATOLI BOGDAN	4022 CORYDON AVE .NORTH PORT	<input checked="" type="checkbox"/> Add
		AP,Bogdan, Anatoliy M,SR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		AP,BOGDAN,TATYANA ,MISS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		AP,BOGDAN,VICTORIA,MISS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		AP,BOGDAN,DAVID ANTHONY	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		MGR RUTRACK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated 08/21/2017 03/21/2017

SVIATLANA PAVLOVNA BVOGDAN

Typed or printed name of signee

17 AUG 21 AM 7:43  
a.m. on the ear