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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Lindsay@taxsaversfl.net

17 APR 27 PM 4:51

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

17 APR 27 PM 4:33

SECRET
STATE
OFFICE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Polkhovski Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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M. MOON
APR 27 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Polkhovski Services LLC
(Must contain 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:

2928 Wells Avenue
North Port, FL 34286

Mailing Address:

2928 Wells Avenue
North Port, FL 34286

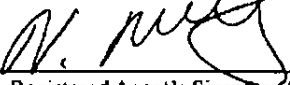
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Nikolay Polkhovskiy
Name
2928 Wells Avenue
Florida street address (P.O. Box **NOT** acceptable)
North Port FL 34286
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)

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:

Nikolay Polkhovskiy

2928 Wells Avenue

North Port, FL 34286

AMBR

Liliya Polkhovskaya

2928 Wells Avenue

North Port, FL 34286

(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.817.133, F.S.

Liliya Polkhovskaya

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)

17 APR 27 PM 4:33

FILED
APR 27 2017
CLERK OF COURT
JULIA A. HARRIS