L17000167980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
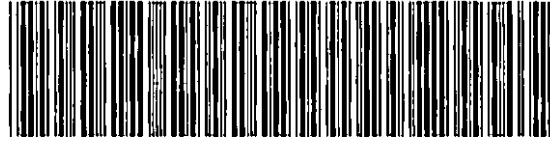
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

CR

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

OLEG CHINAROV
2427 BRENT TREE RD #2615
PALM HARBOR, FL 34683

SUBJECT: PONKA, LLC
Ref. Number: W17000057023

We have received your document for PONKA, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Carlos E Rico
Regulatory Specialist II

Letter Number: 117A00013949

COVER LETTER

TO: New Filing Section
          Division of Corporations

          PONKA, LLC
SUBJECT: _____
                    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:

OLEG CHINAROV
_____
                        Name of Person

PONKA, LLC
_____
                        Firm/Company

2427 BENT TREE RD., #2615
_____
                          Address

PALM HARBOR, FL 34683
_____
                   City/State and Zip Code
chinar130780@yahoo.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLEG CHINAROV   424   355-5754
_____ 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 &   [ ] $155.00 Filing Fee &   [ ] $160.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed) Certified Copy
                                                                                 (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section
Division of Corporations   Division of Corporations
P.O. Box 6327   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:

PONKA, 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:	**Mailing Address:**
2427 BENT TREE RD., #2615	2427 BENT TREE RD., #2615
PALM HARBOR, FL 34683	PALM HARBOR, FL 34683

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:

OLEG CHINAROV
_____
Name

2427 BENT TREE RD., #2615
_____
Florida street address (P.O. Box **NOT** acceptable)

PALM HARBOR	FL	34683
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

Name and Address:

OLEG CHINAROV
2427 BENT TREE RD., #2615
PALM HARBOR, FL 34683

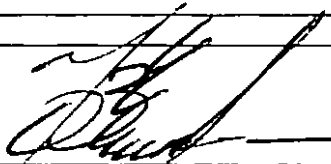_AMBR_

(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.817.155, F.S.

OLEG CHINAROV
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)