

URGENT 11/06/19 12:29  
Division of Corporations  
Florida Department of State

Division of Corporations  
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FILED  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.  
PROGRESS HOLDING, LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PROGRESS HOLDING, 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:**

16699 COLLINS AVE, UNIT 2506  
SUNNY ISLES BEACH, FL 33160

**Mailing Address:**

117 BEAUMONT STREET  
BROOKLYN, NY 11235

**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:

GENNADIY SHAPIRO

Name

16699 COLLINS AVE, UNIT 2506

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

SUNNY ISLES BEACH FL 33160

City

State

Zip

*I 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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ALEKSANDR KOROL

16699 COLLINS AVE, UNIT 2506

SUNNY ISLES BEACH, FL 33160

MGR

GENNADIY SHAPIRO

16699 COLLINS AVE, UNIT 2506

SUNNY ISLES BEACH, FL 33160

(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 §.817.155, F.S.

ALEKSANDR KOROL

(Typed or printed name of signer)