

LIL

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

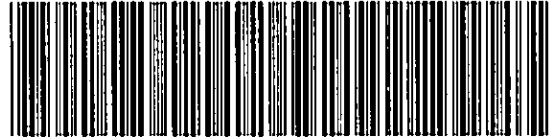
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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ALLAHSCOTT, M. PH.

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SEE
12/3/2022

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FINANCIAL MANAGEMENT SYSTEM LLC
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:

LIZ WHISLER
Name of Person

ECW FUTURE INC
Firm/Company

814 N GLENWOOD AVE
Address

CLEARWATER FL 33755
City/State and Zip Code

ECORPOLIC@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZ WHISLER at (727) 411 8287
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FINANCIAL MANAGEMENT SYSTEM 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:

131 N GARDEN AVE
CLEARWATER, FL
33755

SAME

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:

LIZ WHITER
Name

814 N FLEWWOOD AVE
Florida street address (P.O. Box ~~NOT~~ acceptable)

CLEARWATER FL 33755
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

DIR

ALLA MUSATOVA

628 CLEVELAND ST # 804

CLEARWATER FL 33755

See attachment

See add'l MGR's

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5 JUNE 2020. (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.

ALLA MUSATOVA

Typed or printed name of signer

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)

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"Financial Management System" Company

All owners are non-US residents. All of them are from Russia

	Owher`s First and Last name	Owner`s address
1	Vladimir Presniakov MGR	197183, Russia, Saint-Petersburg, Naberezhnaya Chernoy Rechki Street 8-43
2	Aleksander Belonozhko MGR	197183, Russia, Saint -Petersburg, Primorskiy prospekt Street, 37-2-12
3	Ekaterina Manapova MGR	192148, Russia, Saint -Petersburg, Olminskogo Street, 32-A-3
4	Olga Semenkova MGR	163045, Russia, Arkhangelsk, Tiko-Vilky Street, 11-180
5	Daria Gatina MGR	196105, Russia, Saint -Petersburg, Kuznetsovskaya Street 42-56

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U.S. DISTRICT COURT
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-11-20 BY 60322