| (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: |
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| то: | New Filing S Division of C | | | | | |
|---------|-------------------------------|--------------------------|-----------------------|--------------|-------|---|
| SHRI | ret. | | U | ΓARIA LLO | С | |
| 2009 | EC1 | | Name of | Limited Liab | ility | Company |
| Dear S | Sir or Madam: | | | | | |
| The er | nclosed Articles | of Domestication | ı <u>of a Non-U.S</u> | . Entity ar | ıd fo | ce(s) are submitted for filing. |
| Please | return all corre | spondence conce | rning this matte | er to the fo | llov | ving; |
| | | ALBINA IALA | LOVA | | | |
| | <u> </u> | Name of Per | son | | _ | |
| | f | LOVE ACCOUNT | ING LLC | | | |
| | | Firm/Compa | any | ···· | - | |
| | 1 | 445 DOLGNER PI | L, STE 13 | | | |
| | | Address | | <u> </u> | - | |
| | | SANFORD, FL | 32771 | | | |
| | - | City/State and Z | Cip Code | | - | |
| | | albinaialalova@gr | mail.com | | | |
| • | E-mail addres | is: (to be used for fute | are annual report n | otification) | | |
| For fur | ther informatio | n concerning this | matter, please | call: | | |
| | ALBINA I | ALALOVA | at (_ | 407 |) | 473-1323 |
| | Name o | of Person | | Area Code | | Daytime Telephone Number |
| | Mailing Add New Filing S | | | | | reet Address: w Filing Section |
| | Division of C | Corporations | | | Div | vision of Corporations |
| | P.O. Box 632 Tallahassee, | | | | | e Centre of Tallahassee 15 N. Monroe Street, Suite 810 |
| | i anamoote, | 1 6 24217 | | | | llahassee, FL 32303 |

Articles of Domestication:

Total to Domesticate and file: \$150

Articles of Organization:

\$25

\$125

CR2E143 (3/17)

ARTICLES OF DOMESTICATION

| in accc | ordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing: | |
|------------|--|----------------|
| ۱. | The date on which the entity was first formed was: 05/29/2002 | |
| 2. | The name of the entity immediately prior to the filing of the Articles of Domestication was: | |
| | UTARIA LLC | 70215 |
| 3. | Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201. | -1 -2 -2 |
| 4. | The jurisdiction that constituted the seat, siege social, or principal place of business or central administ the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of those Domestication was: KAZAKHSTAN | |
| 5. | The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity. | . T |
| | I am authorized to sign these Articles of Domestication on behalf of the entity. Dana Tenir bayera Authorized Signature | |
| 5 . | Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of pursuant to s. 605.1055 (3), Florida Statutes. | formation, |

CR2E143 (3/17)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | UTARIA L | LC | |
|--|--------------------------------|--|-------|
| (Must contain | the words "Limited Liability | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and str | eet address of the princip | pal office of the Limited Liability Company is: | |
| Principal Office Address: | | Mailing Address: | |
| 1271 SEMORAN BLVD. STI | E 151 | 1271 SEMORAN BLVD, STE 151 | 20 |
| Casselberry, FL 32707 | | Casselberry, FL 32707 | 20231 |
| ARTICLE III - Registered (The Limited Liability Company of business entity with an active Flo. | annot serve as its own Registe | ice, & Registered Agent's Signature: cred Agent. You must designate an individual or another | |
| The name and the Florida st | • | ered agent are: | |
| | • | OUNTING LLC | |
| | TEOVE ACCE | | |
| | Nar | me | |
| | Nar | me ER PL, STE 13 | |
| | Nar 1445 DOLGN | | |
| | Nar 1445 DOLGN | ER PL, STE 13 | |

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)

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | | | |
|--|--|-----------------------------|--|--|--|
| _ | | | | | |
| | | | | | |
| AR | DANA TEMIRBAYEVA | | | | |
| | 7664 Nemours Pkwy | | | | |
| | Orlando, FL 32827 | | | | |
| | | 7924 | | | |
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| | | (₂) | | | |
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| | | <u> </u> | | | |
| | | | | | |
| (Use attachment if necessary) | 10/15/0004 | | | | |
| | 10/15/2024 OPT | IONAL) | | | |
| FICLE V: Effective date, if other than th | ic date of timig(Of f | | | | |
| FICLE V: Effective date, if other than th n effective date is listed, the date must b s after the date of filing.) | pe specific and cannot be more than five business da | ys prior to or 90 calc | | | |
| | pe specific and cannot be more than five business da | ays prior to or 90 calc | | | |
| s after the date of filing.) | pe specific and cannot be more than five business da | ays prior to or 90 calc | | | |
| s after the date of filing.) | pe specific and cannot be more than five business da | ays prior to or 90 calc | | | |
| s after the date of filing.) | pe specific and cannot be more than five business da | ays prior to or 90 calc | | | |
| FICLE VI: Other provisions, if any. | | ays prior to or 90 calc | | | |
| DUIRED SIGNATURE: saccordance with section 605.0205 (3), Florida Stat the facts stated herein are true. I am aware that | Dana Temin bayeva. Signature of a member or an authorized representative atutes, the execution of this document constitutes an affirmation; any false information submitted in a document to the Department of the provided for in s.817.155, F.S.) | n under the penalties of pe | | | |

Filing Fees: