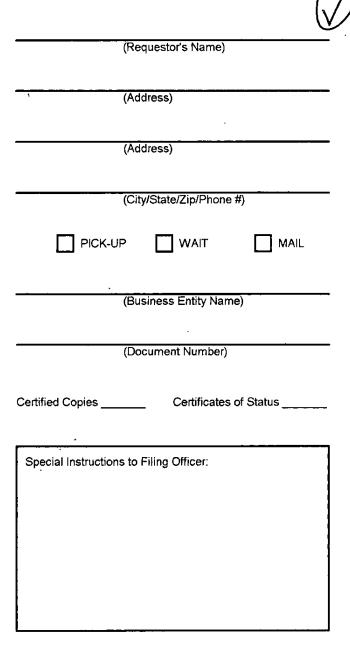
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| | egistration Section | | | | | |
| D | ivision of Corporations | , | | A | | |
| SUBJECT | ុ House red | construct | ion, LLC | | | |
| | | Name | of Limited Liability C | ompany | | |
| | | | | | nsact Business in Florida," (company to transact busine | |
| Please retu | rn all correspondence co | oncerning this matter | r to the following: | | | |
| | Vitalina | Beliaeva | | | | |
| | | | Name of Person | • | | |
| | House F | Reconstru | uction, LLC | | | |
| | | | Firm/Company | | - 11 11 12 12 12 11 11 11 12 12 12 12 12 | |
| | 4200 No | orth Ocea | ın Drive# | 1203-2 | | |
| | | | Address | | <u> </u> | |
| | Singer I | sland, FL | 33404 | | | |
| | Singeri | | City/State and Zip Cod | | | |
| • | ر د د الد ال | | • | ie | | |
| | | a@yaho | ~ | | | |
| | | E-mail address: (to t | oe used for future annu | ai report notiti | cation) | |
| For further | information concerning | this matter, please of | call: | | | |
| \ | /italina Beli | iaeva | _{at} 561 | √557· | -1170 | |
| _ | Name o | f Person | Area Code & Daytin | me Telephone | Number | |
| <u>M</u> | AILING ADDRESS: | | STREET ADDRESS: | | | |
| | ivision of Corporations egistration Section | | Division of Corporation Registration Section | ns | | |
| | O. Box 6327 | | Clifton Building | | | |
| Ta | allahassee, FL 32314 | | 2661 Executive Center Fallahassec, FL 32301 | Circle | | |
| Enclosed | is a check for the fo | illowing amount | • | | | |
| | \$125.00 Filing Fee | \$130.00 Filing F Certificate of Sta | ee & 🔲 \$155.00 F | | □ \$160.00 Filing Fee, Cer of Status & Certified C | |



September 11, 2013

VITALINA BELIAEVA 4200 NORTH OCEAN DRIVE #1203-2 SINGER ISLAND, FL 33404

SUBJECT: HOUSE RECONSTRUCTION, LLC

Ref. Number: W13000050118

We have received your document for HOUSE RECONSTRUCTION, 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 complete the Certificate of Designation of Registered Agent/Registered Office form. I am enclosing the form.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 113A00021333

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUILIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | BMITTED TO REGISTER A FOREIGN |
|--|------------------------------------|
| 1 House Reconstruction, LLC | |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Compan | y," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fl consent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C," "LLC.") | |
| 2. Section 203 of the New York Limited Liability Company law 3. | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, company is organized) | if applicable) |
| _{4.} 06/03/2005 _{5.} perpetual | |
| | ability company will cease to |
| 6. On May 15th 2013, a condo to the name of House Reconstruction, l | LC has been bought |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | الم الم |
| 7. 4200 North Ocean Drive # 1203-2 | 56 St. 7 |
| Singer Island, FL 33404 | \$ 21 |
| (Street Address of Principal Office) | F. 9. |
| 8. If limited liability company is a manager-managed company, check here | 3. 58 |
| 9. The name and usual business addresses of the managing members or manag | gers are as follows: |
| A sole Member, Gleb Belyaev, 4200 North Ocean Drive #1203-2, Si | nger Island, FL 33404 |
| An Authorized Person, Vitalina Beliaeva, 4200 North Ocean Drive #1203-2, Singe | er Island, FL 33404 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: | ficate is in a foreign language, a |
| construction and inovation, architecture, high technology, a | irt photography |
| Vitalina Beliaeva | |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Vitalina Beliaeva

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: House Reconstruction, LLC | |
|--|----------|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| CLER Belyney/House Reconstruction, LLC | |
| 4200 North Ocean Drive # 1203-2 Florida Street Address (P.O. BOX NOT ACCEPTABLE) | <u> </u> |
| Singer Island FL 33404 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 608. Florida | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Statutes.

State of New York Department of State } ss:

I hereby certify, that HOUSE RECONSTRUCTION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/03/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of September two thousand and thirteen.

Executive Deputy Secretary of State