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COVER LETTER

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`TO:

	Berta Furniture & Accessories LLC	
UBJECT:	Name of	Limited Liability Company
ne enclosed kistence, and	"Application by Foreign Limited Liability Con	pany for Authorization to Transact Business in Florida," Certifi renced foreign limited liability company to transact business in I
ease return a	all correspondence concerning this matter to the	e following:
	Rasim Mammadov	
	1	Jame of Person
	Berta Furniture & Accessories LLC	
•		irm/Company
	21717 Fall River Dr	
		Address
	Boca Raton, Florida, 33428	
	- City/	State and Zip Code
	emamedova@hotmail.com	
	E-mail address: (to be use	d for future annual report notification)
r further inf	ormation concerning this matter, please call:	
Rasin	n Mammadov	347 2608586
	Name of Contact Person	at ()Area Code Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: 25.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy

ALLEGATION DE PO		N FLORIDA	OHIONIDATION TO T	INTERIOR DOUBLEDO
	CTION 605 <i>0</i> 902, FLORIDA STATUTES, TF USINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS SUI	BMITTED TO REGISTER A FO	DREIGN LIMITED LIABILITY
Berta Furniture & Acco	essories LLC			
(Name of For	eign Limited Liability Company; must ir	nclude "Limited Liabili	ty Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter a Liability Company," "L.L.C, New York	Iternate name adopted for the purpose of "or "LLC.")	transacting business in	n Florida. The alternate name	must include "Limited
2	of which foreign limited liability	3	(FEI number, if applicable)	
company is organized) N/A	or which to eight minited hability		(rist number, it applicable)	
·	(Date first transacted business i (See sections 605.0904 & 605.090	n Florida, if prior to re	gistration.)	
5. 21717 Fall River Dr, E	Soca Raton, Florida, 33428	55, F.S. to determine po	charty natimity)	
				is m
21717 Fall River Dr, B	(Street Address of Prin oca Raton, Florida, 33428	cipal Office)		6-5 J

	(Mailing Add	ress)		
	ss of Florida registered agent: (P.O. Rasim Mammadov	Box NOT acceptable	e)	.Ac [™]
Name:	21717 Fall Diseas Da			
Office Address:	21717 Fall River Dr			
	Boca Raton		33428 Florida	
	(City)	<u> </u>	(Zip code)	
this application, I hereby	gistered agent and to accept service accept the appointment as registere statutes relative to the proper and co ition as registered agent.	d agent and agree to	act in this capacity. I fur	rther agree to comply
8. The name, title or capa Rasim Mammadov - own	ncity and address of the person(s) wher and president	o has/have authority	to manage is/are:	
9. Attached is a certificate jurisdiction under the law of the translator must be su		old, duly authenticate ficate is in a foreign I	d by the official having cur anguage, a translation of th	stody of records in the certificate under oath
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes Rasim Mammadov	3 (1) (b), Florida Stat a third degree felony	utes. I am aware that any fa as provided for in s.817.15	alse information 55, F.S.

Typed or printed name of signee

State of New York **} ss: Department of State**

I hereby certify, that BERTA FURNITURE & ACCESSORIES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/05/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of July two thousand and fifteen.

Cottony Sicidina

Executive Deputy Secretary of State