

**A15000 007497**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

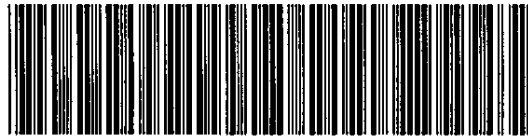
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2015

JOHN MICHAEL SAKOIAN JR  
182 SUMMERS ST  
CHARLESTON, WV 25301

SUBJECT: SAKOIAN INTERNATIONAL, LLC  
Ref. Number: W15000060576

We have received your document for SAKOIAN INTERNATIONAL, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 415A00019426

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sakoian International, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

John Michael Sakoian, Jr.

\_\_\_\_\_  
Name of Person

Sakoian International, LLC

\_\_\_\_\_  
Firm/Company

182 Summers St.

\_\_\_\_\_  
Address

Charleston, WV 25301

\_\_\_\_\_  
City/State and Zip Code

jm@sakoian.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Michael Sakoian, Jr.

304  
at ( )

707-3003

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

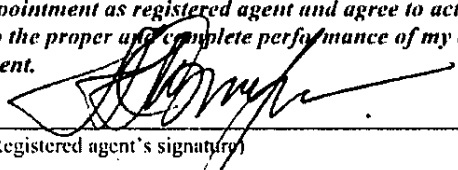
1. Sakoian International, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Sakoian, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of West Virginia 3. 47-1448447  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 6/7/2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 182 Summers St.  
Charleston, WV 25301  
(Street Address of Principal Office)
6. 182 Summers St.  
Charleston, WV 25301  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Agatha Christy  
Office Address: 11217 Harbour Springs Cir  
Boca Raton, Florida 33428  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

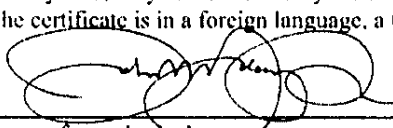
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John Michael Sakoian, Jr., Owner & Founder

182 Summers St.

Charleston, WV 25301

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

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.

John Michael Sakoian, Jr.

Typed or printed name of signee

# State of West Virginia



## Certificate

*I, Natalie E. Tennant, Secretary of State of the  
State of West Virginia, hereby certify that*

**SAKOIAN INTERNATIONAL, LLC**

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on July 24, 2014. The application was received and found to conform to law.

The company is filed as an at will company, for an indefinite period.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

## CERTIFICATE OF EXISTENCE

Validation ID:4WV2C\_WY2MF



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of  
September 10, 2015*

*Natalie E. Tennant*

Secretary of State