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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2015

J SHIVERS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNIVERSAL PAYMENT SOLUTIONS 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:

VYACHESLAV GORODETSKY

Name of Person

UNIVERSAL ACCOUNTING SYSTEMS

Firm/Company

328 NEPTUNE AVE

Address

BROOKLYN, NY 11235

City/State and Zip Code

slava@universal-accounting.com

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

For further information concerning this matter, please call:

VYACHESLAV GORODETSKY

718

891-8900

at ( )

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. UNIVERSAL PAYMENT SOLUTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. NEW YORK

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 27-3294101

(FEI number, if applicable)

4. 09/01/2015

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3001 S. OCEAN DR, APT.409

HOLLYWOOD, FL 33019

(Street Address of Principal Office)

6. 328 NEPTUNE AVE

BROOKLYN, NY 11235

(Mailing Address)

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

Name: UNIVERSAL PAYMENT SOLUTIONS LLC

Office Address: 3001 S.OCEAN DR, APT.409

HOLLYWOOD, Florida 33019

(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:

NAUM SADOVSKIY - MANAGING MEMBER

3001 S.OCEAN DR, APT.409

HOLLYWOOD, FL 33019

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.

NAUM SADOVSKIY

Typed or printed name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

I hereby certify, that UNIVERSAL PAYMENT SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/18/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 08th day of October two  
thousand and fifteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*