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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mariyar@innovativecpa.com

Foreign Limited Liability Company  
STRATLINK, L.L.C.

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March 9, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

*Corrected*

SUBJECT: STRATLINK AFRICA LLC  
REF: W16000014763

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H16000050321  
Letter Number: 316A00004448

P.O BOX 6327 - Tallahassee, Florida 32314

H160000503213

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

I hereby certify, that STRATLINK, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/18/2009, 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 25th day of February  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

H160000503213

**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. STRATLINK, L.L.C.

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

StratLink Africa 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. 26-4287947

(FEI number, if applicable)

4. UPON REGISTRATION(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 1719 EAST 12TH STREET, SUITE 2BROOKLYN, NY 11229

(Street Address of Principal Office)

6. 1719 EAST 12TH STREET, SUITE 2BROOKLYN, NY 11229

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: KONSTANTIN MAKAROVOffice Address: 230 174TH STREET, UNIT 2214SUNNY ISLES BEACH

(City)

, Florida 33160

(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:

AMR, KONSTANTIN MAKAROV, 230 174TH STREET, UNIT 2214, SUNNY ISLES BEACH, FL 33160

## 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.

KONSTANTIN MAKAROV

Typed or printed name of signer

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