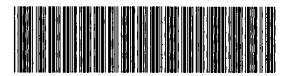
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☐ ЫСК-ПЬ	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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J. HARRIS

### **COVER LETTER**

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TO:

TO:	Registration of	n Section Corporation	s	٠			
SUBJI	ECT:		Droznin, LLC				
			Name of	Limited Liability (	Company		
						ansact Business in Florida," y company to transact busine	
Please	return all corre	espondence c	oncerning this matter to the	following:			
			Vadim Droznin				
				ame of Person			
			F	irm/Company			
			14 Spanish Pine	Way			
				Address			
			Ormond Beach, City/S	FL 32174 tate and Zip Code			
			vadim@qedsys E-mail address: (to be use	.com d for future annual	report no	tification)	
For fur	ther information	on concerning	this matter, please call:				
	V	adim Drozn		at (617		-4019	
		Name o	f Contact Person	Area Code	Da	ytime Telephone Number	
		27			Division Registrat Clifton F 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check f		ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	



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FLORIDA DEPARTMENT OF STATE ANASSITY

May 20, 2016

VADIM DROZNIN 14 SPANISH PINE WAY ORMOND BEACH, FL 32174

SUBJECT: DROZNIN, LLC Ref. Number: W16000036863

We have received your document for DROZNIN, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00010789

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SECRETARY OF STATE

## 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:

i name unavanable, enter a iability Company," "L.L.C	alternate name adopted for the purpose of transacting business in Florida. The alte	rnate name must include "Limited
Alaska (Jurisdiction under the law company is organized)	v of which foreign limited liability  3. 10037149  (FEI number, if approximately appro	pplicable)
•	(Date first transacted business in Florida, if prior to registration.)	
1231 W. Northern	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Lights Blvd. #911	
Anchorage, AK 99	9503	
	(Street Address of Principal Office)	F SE 5
. 14 Spanish Pine \	Way	<u> </u>
Ormond Beach, F	FL 32174	HARLES AND
	(Mailing Address)	
Name and street addre	ess of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Vadim Droznin	08.0E
Office Address:	14 Spanish Pine Way	<u>حَرَّ</u>
		74
egistered agent's accep	Ormond Beach, FL , Florida 3217 (City) (Zip optance:	code)
egistered agent's acceplaying been named as resignated in this applicate complywith the provisi	Ormond Beach, FL , Florida 3217  (City)  ptance: egistered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a cions of all statutes relative to the proper and complete performance of my position as registered agent.	code) ited liability company at the place act in this capacity. I further agi
egistered agent's acceptaving been named as resignated in this applicate complywith the provisic cept the obligations of	Ormond Beach, FL , Florida 3217  (City)  plance: egistered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a ions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)	code)  Ited liability company at the place act in this capacity. I further ago ay duties, and I am familiar with
egistered agent's acceptainty acceptainty and as resignated in this applicate comply with the provise accept the obligations of the acceptainty.  The name, title or cap	Ormond Beach, FL , Florida 3217  (City) , Florida (Zip)  ptance: registered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a cions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)  (Registered address of the person(s) who has/have authority to manage is/are	code)  Ited liability company at the place act in this capacity. I further ago ay duties, and I am familiar with
degistered agent's acceptainty been named as resignated in this applicate comply with the provision of the obligations of the name, title or captainty beautiful Droznin, Me	Ormond Beach, FL (City)  ptance: registered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  pacity and address of the person(s) who has/have authority to manage is/are ember 14 Spanish Pine Way, Ormond Beach, FL 32174	code)  ited liability company at the place act in this capacity. I further agi ny duties, and I am familiar with
degistered agent's acceptainty been named as resignated in this applicate comply with the provision of the obligations of the name, title or captainty beautiful Droznin, Me	Ormond Beach, FL , Florida 3217  (City) , Florida (Zip)  ptance: registered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a cions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)  (Registered address of the person(s) who has/have authority to manage is/are	code)  ited liability company at the place act in this capacity. I further agi ny duties, and I am familiar with
degistered agent's acceptainty been named as resignated in this applicate comply with the provision of the obligations of the name, title or captainty beautiful Droznin, Me	Ormond Beach, FL (City)  ptance: registered agent and to accept service of process for the above stated limitation, I hereby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete performance of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  pacity and address of the person(s) who has/have authority to manage is/are ember 14 Spanish Pine Way, Ormond Beach, FL 32174	code)  ited liability company at the place act in this capacity. I further agi ny duties, and I am familiar with

Vadim Droznin

Typed or printed name of signee

Alaska Entity #10037149

# State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### Droznin, LLC

This entity was formed on March 28, 2016 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **June 06, 2016**.

Chris Hladick Commissioner

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