## N16000008841

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300291585473

16 MAN -3 PH 4: 37

FILED

**S Warren** NOV 04 2018

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/3/16

NAME:

ROMORUSSO, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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

•	SINESS IN THE STATE OF FLORIDA:		
RomoRusso, LLC (Name of Fore	gn Limited Liability Company; must include	"Limited Liability Company," "L.L.C.	," or "(L.C.")
If name unavailable, enter altability Company," "L.L.C."	ernate name adopted for the purpose of trans	acting business in Florida. The alternate	e name must include "Limited
Delaware	· ·	81-4135534	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applic	able)
·	(Pate first transacted business in 1/10	nde al prior to remetration	· .
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	S, to determine penalty liability)	•
7900 Oak Lane, Ste. 4	9.		,
Minmi Lakes VI 2201			
Miami Lakes, FL 3301	(Street Address of Principal	Office)	
4601 Wilshire Blvd., Ti	•	·,	
). Too! Whathe Biva., 11			電影 墨 工
Los Angeles, CA 9001			A T
	(Mailing Address)		<u> </u>
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Registered Agent Services, Inc.		FI COL
Office Address:	155 Office Plaza Drive, Stc. A		S 50
	Tallahassee	, Florida 32301	-
	(City)	(Zip cod	<del>=                                    </del>
lesignated in this applica to complywith the provisi	gistered agent and to accept service of a tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent	s registered agent and agree to act.	in this capacity. I further agre luties, and I am familiar with a
. •	Acgistered age	nt's signature)	
9. The name title or con-	acity and address of the person(s) who ha		
-	ager, 4601 Wilshire Blvd., Third Floor,		
Vacati Visintevakty, tviat	ager, too to mount of the tool,	200711/801001, 071.70010	
	•		
<u></u>			
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certifica	duly authenticated by the official ha	iving custody of records in the ion of the certificate under oath
jurisciction under the law of the translator must be s		n m m a roteren ianemekr'a rianziar	
,		~	1
	Signature of an a	uthorized person	<del></del>
This document is execute submitted in a document t	d in accordance with section 605.0203 (1 o the Department of State constitutes a th	) (b), Florida Statutes. I am aware th	at any false information s.817.155, F.S.
	Vadim Vishnevskiy	•	
•	Typed or printed	name of signee	-AA

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROMORUSSO, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROMORUSSO, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2016.

Authentication: 203237514

Date: 10-27-16