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PICK-UP	☐ WAIT	MAIL
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TO:	Registration Section
	Division of Corporations

Fashion Cat 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:

Name of Person
Fashion Cat LLC
Firm/Company
4910 NW 55th ST
Address
Coconut Creek, FL 33073
City/State and Zip Code
ribikk@gmail.com
E-mail address: (to be used for future annual report notification)

Oleksandr Ryabokon

Name of Contact Person

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in		bility Company," "L.L.C," or "LLC,")
Washington State	hich foreign limited liability company is organized)	3. <u>35-2568132</u>	ber, if applicable)
(Junsaledon under the law of v	mich foreign finnied habiniy company is organized)	(FEL NUM	ber, it applicable)
,	(Date first transacted business in Flancia at pero	or to marri tradium \	
4040 1041 000	(Date first transacted business in Flonda, if prio (See sections 605.0904 & 605.0905, F.S. to det		
. 4910 NW 55th S (Street Address of	Principal Office)	6. 4910 NW 55th St	ress)
Coconut Creek		Coconut Creek	,
FL 33073		FL 33073	A de to
. Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	-5 PR
Office Address:	4910 NW 55th St		()
	Coconut Creek	22072	2:17
	COCOMICATER	121 miller 13 13 14 14 13	
laving been named as r esignated in this applica comply with the provis	(City)	it as registered agent and agree to act per and complete performance of my	liability company at the place in this capacity. I further agr
lesignated in this applice o comply with the provis and accept the obligation	(City) otance: egistered agent and to accept service of the appointment of the appointment of the appointment of the properties of the pro	(Zip coc of process for the above stated limited at as registered agent and agree to act oer and complete performance of my (Olha Riabokon) nt's signature)	liability company at the place in this capacity. I further agr
laving been named as r lesignated in this applice o comply with the provis nd accept the obligation	(City) Otance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.	(Zip coc of process for the above stated limited at as registered agent and agree to act oer and complete performance of my (Olha Riabokon) nt's signature)	liability company at the place in this capacity. I further agr
laving been named as r lesignated in this applice o comply with the provis nd accept the obligation 8. The name, title or cap	otance: egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent. (Registered agent accity and address of the person(s) who	of process for the above stated limited at as registered agent and agree to act over and complete performance of my (Olha Riabokon) nt's signature) has/have authority to manage is/are: Title or Capacity:	liability company at the place in this capacity. I further agr duties, and I am familiar with
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laving been named as resignated in this applicate of comply with the provision accept the obligation. B. The name, title or capacity: Owner Use attachments if neces. Attached is a certificate.	City) otance: egistered agent and to accept service of accept the appointment is of all statutes relative to the properties of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address: Oleksandr Ryabokon 4910 NW 55th St Coconut Greek, FL 33073 essary) e of existence, no more than 90 days of of which it is organized. (If the certification)	(Olha Riabokon) of bas/have authority to manage is/are: Title or Capacity:	Name and Address:
laving been named as resignated in this applicate comply with the provision accept the obligation. B. The name, title or capacity: Owner Use attachments if necessarisdiction under the law	City) otance: egistered agent and to accept service of accept the appointment is of all statutes relative to the properties of my position as registered agent. (Registered agent accity and address of the person(s) who Name and Address: Oleksandr Ryabokon 4910 NW 55th St Coconut Greek, FL 33073 essary) e of existence, no more than 90 days of of which it is organized. (If the certification)	(Olha Riabokon) of bas/have authority to manage is/are: Title or Capacity:	Name and Address:

Typed or printed name of signee



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

FASHION CAT, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 4/4/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: May 24, 2017

UBI: 603-605-780

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

