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Y SULKER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2017

MICHAIL MAXIMOV 307 RITCHIE RD CAPITOL HEIGHTS, MD 20743 US

SUBJECT: PLACE4PRINT, LLC Ref. Number: W17000084580

We have received your document for PLACE4PRINT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00021351

## 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:

PLACE4PRINT, LLC (Name of Foreign	Limited Liability Company; must include "Limited		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Li	iability Company," "L.L.C," or "ELC.")
MARYLAND		3 47-2217360	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nur	nber, if applicable)
UPON REGISTRATIO	ON		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ) ine penalty liability)	
1333 SOUTH STATE		6. 6200 WESTCHESTER P	
(Street Address of F	•	COLLEGE PARK	(dress)
FLORIDA 33068		MARYLAND, 20740	-
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	REGISTERED AGENTS, INC.		
Office Address:	3030 N ROCKY POINT DR. STE 150	)A	
	ТАМРА	Florida <u>33607</u>	
egistered agent's accep	(Cny)	(Zip co	ode)
signated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative so the proper s of my position as registered yeart.	s registered agent and agree to ac	d liability company at the plac t in this capacity. I further ag
signated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative so the proper s of my position as regimered wount.	s registered agent and agree to ac and complete performance of my	d liability company at the place et in this capacity. I further ag et duties, and I am familiar with
signated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to ac and complete performance of my	d liability company at the plac t in this capacity. I further ag
signated in this applica comply with the provisi d accept the obligation.	tion, I hereby accept the appointment a ions of all statutes relative so the proper s of my position as regimered wount.	s registered agent and agree to ac and complete performance of my signature)	d liability company at the place et in this capacity. I further ag et duties, and I am familiar with
signated in this applica comply with the provisi id accept the obligation.  The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative so the proper s of my position as registered agents.  (Registered agent's active and address of the person(s) who has	s registered agent and agree to act and complete performance of my signature)  as/have authority to manage is/are:	d liability company at the place t in this capacity. I further ag duties, and I am familiar with
signated in this applica comply with the provisi d accept the obligation.  The name, title or capa Title or Capacity:	ion, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:  MIKHAIL MAXIMOV 6200 Webster PK Dr. #1102	s registered agent and agree to according and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: CO-OWNER	Name and Address:  Alexander Kaydalov 6200 Wchester PK Dr #11
signated in this applica comply with the provisi d accept the obligation.  The name, title or capa Title or Capacity:	tion, I hereby accept the appointment assigns of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  MIKHAIL MAXIMOV	s registered agent and agree to according and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: CO-OWNER	Name and Address:  Alexander Kaydalov
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signated in this applica comply with the provisi d accept the obligation.  The name, title or capa <u>Title or Capacity:</u> CO-OWNER	ion, I hereby accept the appointment actions of all statutes relative to the property of my position as registered agent.  (Registered agent's active and address of the person(s) who hat Name and Address:  MIKHAIL MAXIMOV  6200 Wchester PK Dr. #1102  College Park, MD 20740	s registered agent and agree to according and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: CO-OWNER	Name and Address:  Alexander Kaydalov 6200 Wchester PK Dr #11
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The name, title or capa Title or Capacity: CO-OWNER  Jes attachments if neces Attached is a certificate is diction under the law the translator must be so. This document is exec	ion, I hereby accept the appointment actions of all statutes relative to the property of my position as registered agent.  (Registered agent's active and address of the person(s) who has a Name and Address:  MIKHAIL MAXIMOV  6200 Wchester PK Dr. #1102  College Park, MD 20740  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: CO-OWNER  duly authenticated by the official he is in a foreign language, a translated is (1) (b). Florida Statutes, I am awa	Name and Address: Alexander Kaydalov 6200 Wchester PK Dr #11 College Park, MD 20740  having custody of records in the attention of the certificate under oat are that any false information
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signated in this applicate comply with the provision of accept the obligation.  The name, title or capa Title or Capacity: CO-OWNER  Jes attachments if neces Attached is a certificate risdiction under the law the translator must be seen. This document is executed.	sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate about the person of t	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: CO-OWNER  duly authenticated by the official he is in a foreign language, a translated is (1) (b). Florida Statutes, I am awa	Name and Address: Alexander Kaydalov 6200 Wchester PK Dr #11 College Park, MD 20740  having custody of records in the attention of the certificate under oat are that any false information

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PLACE4PRINT, LLC (W16158040), REGISTERED OCTOBER 28, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 05, 2017.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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