M18000004577

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800312615408

800312615408 05/11/18--01004--014 **130,00

STORETARY OF STATE

M MAY II PH 3: I

M. MILLIGAN MAY 11 2018 13 MAY 11 PH 1: 36

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	East West Brothers LLC. CT:	
.,0.14,1	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific ic, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please	eturn all correspondence concerning this matter to the following:	
	Aleksandr Ascyev	
	Name of Person	
	East West Brothers LLC.	
	Firm/Company	
	2300 Allegheny Ln	
	Address	
	North Port, FL 34286	
	City/State and Zip Code	
	Jorik2525@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
	Aleksandr Aseyev 814 280-3837	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclos	d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Jurisdiction under the law of which fore	ingin limited liability company is organized) Date first transacted business in Florida, if priorice sections 605,0904 & 605,0905, F.S. to detectors, F.J. 34286 Office)	to registration.)	(Fill number, if	
Jurisdiction under the law of which fore	eign limited liability company is organized) Date first transacted business in Florida, if prior sec sections 605,0904 & 605,0905, F.S. to deter	to registration.)		
(1 (5	Date first transacted business in Florida, if prior See sections 605,0904 & 605,0905, F.S. to deter	mine penalty liability)	(Fi:I number, 11's	applicable)
(1 (5	Date first transacted business in Florida, if prior See sections 605,0904 & 605,0905, F.S. to deter	mine penalty liability)	(FEI HUHOCI, II a	фрисане)
(\$	See sections 605,0904 & 605,0905, F.S. to dete	mine penalty liability)		
(\$	See sections 605,0904 & 605,0905, F.S. to dete	mine penalty liability)		
(\$	See sections 605,0904 & 605,0905, F.S. to dete	mine penalty liability)		_
2300 Allegheny Ln North Po (Street Address of Principal	Ort,FL 34286			
(Street Address of Principal	Office)	2300 Allegheny	Ln North Port,	FL 34286 🚙
		6. 2300 Allegheny	(Mailing Address)	
				رند مق
				
				سم سر استر
				一点装 一片
	9 11 2-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MCVC		
	Horida registered agent: (P.O. Bo			
Nama	Alikeando Aspue	1/		بب _{اد} ن شر
Name	HERSCHUR HSEGE			32 6
Office Address: 2	Aleksandr Aseye 300 Allegheny North Port (City)	/n		
office Address	JIDE ONIE BENENY			•
	NOOTH PORT	Florida	24786	
	(City)	. Tiorida _	(Zip code)	_
	U // -\ 1 /-			
	(Registered agent	's signature)	_	_
The name, title or capacity a	(Registered agent and address of the person(s) who		ge is/are:	_
The name, title or capacity a Title or Capacity:			•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address:	/ has/have authority to mana	•	ame and Address:
	and address of the person(s) who Name and Address: Aleksandr Aseyev	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:
Title or Capacity:	and address of the person(s) who Name and Address: Aleksandr Aseyev 2300 Allegheny Ln	/ has/have authority to mana	•	ame and Address:

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 05/11/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

EAST WEST BROTHERS, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

HE CONTRACTOR OF THE STATE OF T

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180511141419-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify