## M18000005413

| (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



800314034078

06/05/18--01002--019 \*\*160.00



## COVER LETTER \*

TO: Registration Section

| Div               | rision of Corporatio   | ns   |                                    |  |  |
|-------------------|--|--|------------------------------------|--|--|
| SUBJECT:          | AKS PROPERTI   | ESILC  |                                    |  |  |
|                   |  | Name of  | Limited Liability (                | Company  |  |
|                   |  |  |                                    |  | ansact Business in Florida," Certificate o<br>y company to transact business in Florid |
| Please return     | all correspondence   | concerning this matter to the                              | e following:                       |  |  |
|                   | Semyon Koga  | an   |                                    |  |  |
|                   |  | 1  | Name of Person                     |  |  |
|                   | AKS PROPE  | RIES LLC   |                                    |  |  |
|                   | <del></del>  | F  | irm/Company                        |  |  |
|                   | 5701 Fairway   | Park Dr. apt 204   |                                    |  |  |
|                   |  |  | Address                            |  |  |
|                   | Bointon Beac   | h, FL 33437  |                                    |  |  |
|                   | <del></del>  | City/  | State and Zip Code                 |  |  |
|                   | semakgn@gma  | ail.com  |                                    |  |  |
|                   |  | E-mail address: (to be use                                 | ed for future annual               | report no                                      | tification)  |
| For further is    | nformation concernir   | ng this matter, please call:                               |                                    |  |  |
| Sei               | myon Kogan   |  | 561                                | 777-04   | <b>1</b> 55  |
|                   | Name o   | of Contact Person  | Area Code                          | Day  | ytime Telephone Number   |
| Div<br>Reg<br>P.O | ision of Corporation<br>gistration Section<br>Box 6327<br>lahassee, FL 32314 |  |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301    |
|                   | a check for the follow<br>\$125.00 Filing Fee                                | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir<br>Certified Copy | ng Fee &                                       | ■ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| OHIO (Jurisdiction under the law of which  |  |  |   |  |
|--|--|--|---|--|
| •  | 1.6 1.5 1.1 (1.  | 3. 8   | 81-5198912  |  |
|  | th foreign limited liability company is organized)   | _  | (FRI m  | umber, if applicable)  |
|  | (Date first transacted business in Florida of prior  | to registration  |   |  |
|  | (Date first transacted business in Flurida, if prior (See sections 605,0904 & 605,0905, F.S. to dete   |  |   |  |
| 9871 Forestglen Dr   |  | 6. 5   | 5701 Fairway Park Dr.   |  |
| Cincinnati,OH 45242  | ncipal Office)   | Е  | Boynton Beach, FL 33  |  |
| 0.1101111011,011110111   |  | -  |   |  |
|  |  | _  | <del>-</del> ·  |  |
| Name and street address  | of Florida registered agent: (P.O. Bo  | ox <u>NOT</u> ac   | ceptable)   |  |
| Name:  | Semyon Kogan   |  | <u> </u>  |  |
| Office Address:  | 5701 Fairway Park Dr. apt 204  |  |   |  |
|  | Boynton Beach  |  | Florida 33437   | <u> </u>   |
|  | (City)   |  | (Zip  | code) 💍 💆  |
| signated in this applicati<br>comply with the provisio   | ance: istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prop of my position as registered agent  | t as register  | ed agent and agree to a   | ict in this capacity. I furth  |
| signated in this applicati<br>comply with the provisio   | istered agent and to accept service o<br>on, I hereby accept the appointment<br>ons of all statutes relative to the prop   | t as register<br>per and com   | ed agent and agree to a   | ict in this capacity. I furth  |
| esignated in this applicati<br>comply with the provision<br>and accept the obligations                                   | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the propof my position as registered agent.  | t as register<br>per and com<br>a's signature)<br>has/have au        | ed agent and agree to a<br>plete performance of m   | nct in this capacity. I furth<br>ny duties, and I am familia<br>   |
| esignated in this application comply with the provision and accept the obligations  The name, title or capac             | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the propof my position as registered agent.  (Registered agent agent)  (Registered agent)  (Registered agent)  | t as register per and com a's signature) has/have au Titl            | ed agent and agree to a plete performance of m  | nct in this capacity. I furth<br>ny duties, and I am familia<br>   |
| rignated in this application comply with the provision and accept the obligations.  The name, title or capacity:         | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registered agent into and address of the person(s) who Name and Address:  | t as register per and com at a signature) has/have au Titl me        | ed agent and agree to a plete performance of multiple performance of multiple performance is/are e or Capacity: | nct in this capacity. I furth<br>my duties, and I am familia<br>———————————————————————————————————              |
| esignated in this application comply with the provision accept the obligations  The name, title or capacity:             | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registered agent into and address of the person(s) who Name and Address:  Semyon Kogan  5701 Fairway Park Dr. ag  | t as register per and com at a signature) has/have au Titl me        | ed agent and agree to a plete performance of multiple performance of multiple performance is/are e or Capacity: | nct in this capacity. I furth my duties, and I am familia  ::  Name and Address:  Alex Kogan  9871 Forestolen Dr |
| esignated in this application comply with the provision and accept the obligations.  The name, title or capacity: member | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proportion as registered agent.  (Registered agent into an accept service of my position as registered agent into and address of the person(s) who Name and Address:  Semyon Kogan  5701 Fairway Park Dr. an Boynton Beach .FL 33437 | t as register per and com a's signature) thas/have au Titl me pt 2 7 | ed agent and agree to a plete performance of multiple performance of multiple performance is/are e or Capacity: | nct in this capacity. I furth my duties, and I am familia  ::  Name and Address:  Alex Kogan  9871 Forestolen Dr |
| esignated in this application comply with the provision and accept the obligations.  The name, title or capacity: member | istered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proportion as registered agent.  (Registered agent into and address of the person(s) who Name and Address:  Semyon Kogan  5701 Fairway Park Dr. and Boynton Beach .FL 33435  | t as register per and com a's signature) thas/have au Titl me pt 2 7 | ed agent and agree to a plete performance of multiple performance of multiple performance is/are e or Capacity: | nct in this capacity. I furth my duties, and I am familia  ::  Name and Address:  Alex Kogan  9871 Forestolen Dr |

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AKS PROPERTIES LLC, an Ohio For Profit Limited Liability Company, Registration Number 3962124, was organized within the State of Ohio on November 21, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of May, A.D. 2018.

Ohio Secretary of State

Jon Hustel

Validation Number: 201815100528