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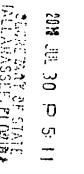
(Requestor's Name)					
(Ad	dress)	<u> </u>			
	dress)				
(1.10	are 33,				
(Cit	y/State/Zip/Phone	#)			
☐ PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
•	•	,			
(Llo	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
		<del></del>			
Special Instructions to	Filing Officer;				





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#### COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: VLadinii	SLOSTUS,	hinskiy & In. Limited Liability Company	ina buchkova	140
	Name or	isinited islapinty company		
The enclosed "Application by Foreig Existence, and check are submitted to				
Please return all correspondence con	cerning this matter to the	following:		
_ buc	hKova	Trina		
	N	ame of Person		
VLadina	r SLastusi	hinstry & Irin	ia buchkova,	46
		•		
45 Las	e Lillin	onah Rd	Worth	
		Address		
Brid	lgenater	4 0675	2	
	U City/S	tate and Zip Code		
irena 1	1838 Q QN E-mail address: (to be used	ar L. COM d for future annual report not	ification)	
For further information concerning the	-			
Irino. 60.	Chkoun Contact Person	at ( <u>\$60</u> ) <u>\$2</u>	106-4149 rtime Telephone Number	
MAILING ADDRESS: Division of Corporations		· · · · · · · · · · · · · · · · · · ·	ADDRESS: of Corporations	
Registration Section			ion Section	
P.O. Box 6327		Clifton B		
Tallahassee, FL 32314			ecutive Center Circle see, FL 32301	
Enclosed is a check for the following	g amount:			
□ \$125.00 Filing Fee □	3 \$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

	ON 605.0902, FLORIDA STATUTES, THE I INESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED	IO REGISTER A FOREIGN LIM	ITTED LIABILITY
. VLadinii	r SLastushinsk		but kova	46C
(Name of Foreign Li	mited Liability Company; must include "Limi	ted Liability Company, "1.L.C.,	or "LLC.")	· · · · · ·
If name unavailable, enter alternate name	e adopted for the purpose of transacting business in F	lorida. The alternate name must include	"Limited Liability Company," "L.L.C,"	or "LLC.")
2		3		<del>,</del>
(Jurisdiction under the law of which	h foreign limited liability company is organized)		(Fill number, if applicable)	
4	(Date first transacted business in Florida, if prior t	o mastration )	<del>~~~~</del>	
2999 (4)	(See sections 605.0904 & 605.0905, F.S. to deter	·	1.11.	b. Mar.
5. 5 Bdd SN 1	tth Wehul	6. 43 Land	(Mailing Address)	10011
Cape Cora	L FL 33914	Briug	Lillinonah K (Mailing Address) enader CT Ou	<u>67</u> 52
	, 		· · · · · · · · · · · · · · · · · · ·	
7. Name and street address	of Florida registered agent: (P.O. Bo		S.	
Name:	LTIME Gerhite			
Office Address:	3222SW 17th Av	enu		.U
	ale Corol El 32	914, Florida	329/11 W	B. Commercial Commerci
$\mathcal{C}_{\mathbf{c}}$	(City)	///, Florida _	(Zip code)	
Registered agent's accepta		e e e		- £63-1
Having been named as regi designated in this application	istered agent and to accept service of on, I hereby accept the appointment	process for the above states as repistered avent and as	ea umuea uamuy company ree to act in this canacity. I	aningplace further agree
	ns of all statutes relative to the prope			
and accept the obligations o	of my position as registered agent.	Twoon		
_		Mill		
	(Registant d about	<del>s surfalure)</del>		
,	ity and address of the person(s) who			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Add	ress:
member	Wallinis Stasta	Askinskij		<del></del>
nember	Bridgenaser,	11 06752	<u> </u>	
a sur lan	This Carlo	4		
member.	11/10 bla hilling	one bed of	<del> </del>	<del></del>
	Aridalwater	UT 06752		
(Use attachments if necessa	ry)	-,		
9 Attached is a certificate o	f existence, no more than 90 days old	duly authenticated by the	official having custody of re-	cords in the
jurisdiction under the law of	which it is organized. (If the certification			
of the translator must be sub	mitted)			
10. This document is execut	ed in accordance with section 605.02	03 (1) (b), Florida Statutes,	A am aware that any false info	ormation
submitted in a document to t	he Department of State constitutes a t	hird degree felony as provi	ded for in \$ 817.155, F.S.	
ند	13 (1got)	X/Xl	ull_	
	Signatu	re of an authorized pass		
Si	Lastishinskiy	Collet	hova	
_	Typed	or printed name of signee		

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

### VLADIMIR SLASTUSHINSKIY & IRINA GUCHKOVA, LLC

a domestic limited liability company, were filed in this office on October 30, 2017.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: July 24, 2018

Business ID: 1254201 Express Certificate Number: 2018295445001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov