M19000007144

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2018

GUCHKOVA, IRINA 45 LAKE LILLINONAH RD NORTH BRIDGEWATER, CT 06752

SUBJECT: VLADIMIR SLASTUSHINSKIY & IRINA GUCHKOVA, LLC

Ref. Number: M18000007144

We have received your document for VLADIMIR SLASTUSHINSKIY & IRINA GUCHKOVA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 618A00020369

Dionne M Scott Regulatory Specialist II

COVER LETTER

Division of Corporations			
SUBJECT: Madinur SLasty Name of Foreign I	Shins/Gy f	Trina buchte	va
Dear Sir or Madam:	·		
The enclosed application, certificate and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
buchtova Irina	2	81 Lie Ra	
Name of Person		J	
Firm/Company		69	البدا
45/ake Lillingnah Address	Road Nor-	th	
Bridgewater G O City/State and Zip Code	96 75L		
irena 1838 a gmail. E-mail address: (to be used to future annual re	COM port notification)		
For further information concerning this matter, ple	ease call:		
	1(860) 80.	6-4149	
Name of Person	Area Code & Daytime		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	
Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	
State: Wadinir SLasti	ishinstiy & Irina buchkova LL
Enter new principal office address, if applicable:	3822 SW 1744 Avenue
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33914
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ラ
2. The Florida document number of this limited liab	ility company is: <u>M1800000 7144</u>
3. Jurisdiction of its organization:	
4. Date authorized to do business in Florida:	07/30/2018
SECTION II (5-9 complete only the applicable cl	nanges)
5. New name of the limited liability company: $\frac{1}{2}$ (must $\frac{1}{2}$)	contain "Limited Liability Company," "L.L.C.," or "Ll.C.")
(If name unavailable, enter alternate name adopted i	ior the purpose of transacting business in Florida and attach a liging members adopting the alternate name. The alternate name
registered agent and/or the new registered office add	
Name of New Registered Agent: Out hk	
New Registered Office Address: 382 54	Enter Florida Street Address _
	Cape Coral Florida 33914
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe.	and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this a the register of flice address. I hereby confirm that the limited

le/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
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Filing Fee: \$25.00

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

SLAST & G 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

Menk

Date Issued: October 13, 2018

Business ID: 1254201 Express Certificate Number: 2018355926001

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