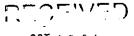
M18 00000 9488

(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



10/16/18--01048--004 **125.00



OCT 1 5 2013



COVER LETTER

TO: R

Registration Section Division of Corporations

SUBJECT:	Horobet Investment Group, LLC	
3000000		Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

A	rcip Horobet				
_		N	ame of Person	- -	
c/	o ACH Inves	tment, LLC			
_		F	irm/Company		
10)220 Elbow E	3end Rd			
_			Address		
R	iverview. FL	33578			
		City/S	State and Zip Code		
arci	iph@yahoo.c	OPI			
	(p.11(6)) a1100.0	OH			
-			d for future annual	report not	ification)
_		E-mail address: (to be use	d for future annual	report not	ification)
r informati	ion concernir				
r informati	ion concernir	E-mail address: (to be use	865 at (607-1	167
r informati	ion concernir	E-mail address: (to be use	865	607-1	167
r informati	ion concernir	E-mail address: (to be use ng this matter, please call: of Contact Person	865 at (607-1 Day	167 time Telephone Number ADDRESS:
r informati Arcip Hore HAHLING Division of	on concernir bet Name of ADDRESS: Corporation	E-mail address: (to be use ng this matter, please call: of Contact Person	865 at (007-1 Day STREET Division	time Telephone Number ADDRESS: of Corporations
r information of the control of the	Name of ADDRESS. Corporation	E-mail address: (to be use ng this matter, please call: of Contact Person	865 at (Area Code	607-1 Day STREET Division Registrati	time Telephone Number ADDRESS: of Corporations ion Section
r information of the control of the	Name of ADDRESS Corporation in Section 327	E-mail address: (to be use ng this matter, please call: of Contact Person	865 at (Area Code	607-1 Day STREET Division Registrati Clifton B	time Telephone Number ADDRESS: of Corporations ion Section uilding
r information of the control of the	Name of ADDRESS. Corporation	E-mail address: (to be use ng this matter, please call: of Contact Person	865 at (Area Code	607-1 Day STREET Division Registrati Clifton B 2661 Exe	time Telephone Number ADDRESS: of Corporations ion Section
r information of Arcip Horo HAILING Division of Registration P.O. Box 6 'allahassee'	Name of ADDRESS: Corporation Section 327 E. F1, 32314	E-mail address: (to be use ng this matter, please call: of Contact Person	at (607-1 Day STREET Division Registrati Clifton B 2661 Exe	time Telephone Number ADDRESS: of Corporations ion Section uilding recutive Center Circle

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	Limited Liability Company; must include "Limited				
rumavadable, enter alternate r	name adopted for the purpose of transacting business in Horse	ia. The alternate name must a	nctude "Limited Lin	shilisy Company, ""L.U	_C," or "LLC."
Delaware		3.			
urisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI num	ber, if applicable)	
CU					
upon filing	(Date first transacted business in Florida, if prior to re	enstration)			
	(See sections 603 0904 & 603 0905, F.S. to determine	c penalty liability)	11 Danist	рJ	
10220 Elbow Ber		6. <u>10220 E</u>	lbow Bend		
(Street Address of Riverview, FL 33		Discourie	(Mailing A& ew, FL 335		
Riverview, FL 33	<u> </u>	Kivervie	W, FL 333	70	
				 -	
					-
ame and street addre	ss of Florida registered agent: (P.O. Box	NOT_acceptable)			130
	Arcip Horobet				
Name:		_			15
					~ .
Office Address:	10220 Elbow Bend Rd.				
Office Address=	·			0	P
Office Address:	Riverview	· Florid			
istered agent's acce ing been named as r gnated in this applic omply with the provis	Riverview (City)	rocess for the above registered agent an	Zipco e stated limite ed agree to ac	d liability comp i in this capacit	oany af Nae ty. I furthe
stered agent's acce ing been named as r gnated in this applic imply with the provis	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. M. M. M.	rocess for the above registered agent an and complete perfor	Zipco e stated limite ed agree to ac	d liability comp i in this capacit	oany af Nae ty. I furthe
istered agent's acce ing been named as r gnated in this applic omply with the provis	Riverview (City) ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper	rocess for the above registered agent an and complete perfor	Zipco e stated limite ed agree to ac	d liability comp i in this capacit	oany af Nae ty. I furthe
istered agent's accering been named as regarded in this applicated in this application on the provisuaccept the obligation	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. M. M	rocess for the above registered agent an and complete perfor	(Zipco	ke) d liability comp is in this capacity duties, and I a	oany af Nae ty. I furthe
istered agent's accepting been named as repraised in this application of the provisuaccept the obligation. The name, title or cap	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Repstered agent's spacity and address of the person(s) who has Name and Address:	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp is in this capacity duties, and I a	Opany arube ty. I furth tim familia
Istered agent's accerting been named as regnated in this application of the provisuaccept the obligation. The name, title or capacity:	Riverview (City) ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Reputered agent's specified and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
istered agent's accering been named as regnated in this application of the provisuaccept the obligation. The name, title or cap	Riverview (City) ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Reputered agent's specified and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager By: Arcip Horobet, Manager	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
stered agent's acceping been named as regrated in this application of the provisuaccept the obligation. The name, title or capacity:	Riverview (City) ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Reputered agent's specified and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
Istered agent's accerting been named as regnated in this application of the provisuaccept the obligation. The name, title or capacity:	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Repstered agent's specify and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager By: Arcip Horobet, Manager 1020EbwwBraiRd	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
Istered agent's accerting been named as regrated in this application of the provisuaccept the obligation. The name, title or capacity:	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Repstered agent's specify and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager By: Arcip Horobet, Manager 1020EbwwBraiRd	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
stered agent's acceping been named as regrated in this application of the provisuaccept the obligation. The name, title or capacity:	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Repstered agent's specify and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager By: Arcip Horobet, Manager 1020EbwwBraiRd	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia
istered agent's accerting been named as regrated in this application of the provisaccept the obligation. The name, title or capacity:	Riverview ptance: registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper ms of my position as registered agent. (Repstered agent's specify and address of the person(s) who has Name and Address: ACH Investment, LLC, its Manager By: Arcip Horobet, Manager 1020EbwwBraiRd	rocess for the above registered agent an and complete perfor	Estated limite and agree to ac armance of my	ke) d liability comp t in this capacit duties, and I a	Opany arube ty. I furth tim familia

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOROBET INVESTMENT GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOROBET INVESTMENT GROUP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203525483

Date: 10-01-18