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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
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2019 JAN 22 AM 9:19

Foreign Limited Liability Company  
INDUSTRIAL SONOMECHANICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

1 INDUSTRIAL SONOMECHANICS, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2 Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7440 SW 50th Terrace, Suite 110 (Street Address of Principal Office)
6. 7440 SW 50th Terrace, Suite 110 (Mailing Address)

Miami, FL 33155 Miami, FL 33155

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Alexey Peshkovsky
Office Address: 7440 SW 50th Terrace, Suite 110
Miami, Florida 33155
(City) (zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered Agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

Manager            Name: Alexey Peshkovsky

Member             Address: 7440 SW 50th Ter., Ste. 110

Authorized        Miami, FL 33155

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member             Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member             Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager            Name: \_\_\_\_\_

Member             Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member             Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member             Address: \_\_\_\_\_

Authorized        \_\_\_\_\_

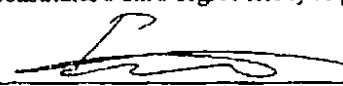
Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

Alexey Peshkovsky, Member  
\_\_\_\_\_  
Typed or printed name of signee

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDUSTRIAL SONOMECHANICS, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDUSTRIAL SONOMECHANICS, LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2019.

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

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TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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