

M19000000948

(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



700323279607

FILED

19 JAN 28 AM 8 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

19 JAN 28 AM 9:41

RECEIVED
JAN 29 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserve.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE 1/28/2019

PRIORITY Routine

OUR REF # (Order ID#) 717648

ORDER ENTITY

DWM DANCE STUDIOS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DWM DANCE STUDIOS, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: lindab@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. DWM DANCE STUDIOS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")
2. New Jersey 3. 45-4095713
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2029 Lemoine Ave. 6. 2029 Lemoine Ave.
(Street Address of Principal Office) (Mailing Address)
- Fort Lee, NJ 07024 Fort Lee, NJ 07024

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

Name: DWM Dance Studio Boca Raton, LLC

Office Address: 6000 W. Glades Rd., #C1360

Boca Raton, Florida 33431
(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.

[Signature]
(Registered agent's signature)

FILED
JAN 28 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

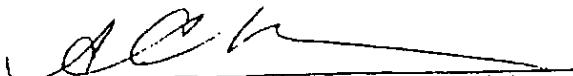
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Volynets Enterprises LLC</u>	<input type="checkbox"/> Manager	Name: <u>Alexandr Chmerkovskiy</u>
<input checked="" type="checkbox"/> Member	Address: <u>11 Covey Court</u>	<input checked="" type="checkbox"/> Member	Address: <u>516 Hudson Park, #516</u>
<input type="checkbox"/> Authorized	<u>Upper Brookville, NY 11545</u>	<input type="checkbox"/> Authorized	<u>Edgewater, NJ 07020</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Maksim Chmerkovskiy</u>	<input type="checkbox"/> Manager	Name: <u>Valentin Chmerkovskiy</u>
<input checked="" type="checkbox"/> Member	Address: <u>515 Hudson Park, #516</u>	<input checked="" type="checkbox"/> Member	Address: <u>516 Hudson Park, #516</u>
<input type="checkbox"/> Authorized	<u>Edgewater, NJ 07020</u>	<input type="checkbox"/> Authorized	<u>Edgewater, NJ 07020</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tony Dovolani Productions, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Eugene Livshits</u>
<input checked="" type="checkbox"/> Member	Address: <u>2 Woods Lane</u>	<input checked="" type="checkbox"/> Member	Address: <u>15 Terrell Trail Court</u>
<input type="checkbox"/> Authorized	<u>Weston, CT 06883</u>	<input type="checkbox"/> Authorized	<u>Conroe, TX 77385</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Alexandr Chmerkovskiy

Typed or printed name of signer

FILED
JAN 28 AM 9 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

DWM DANCE STUDIOS, LLC

0600376649

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 01, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ALEKSANDR CHMERKOVSKIY
2029 LEMOINE AVENUE
FORT LEE, NJ 07024



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
16th day of January, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6094315238

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp