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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

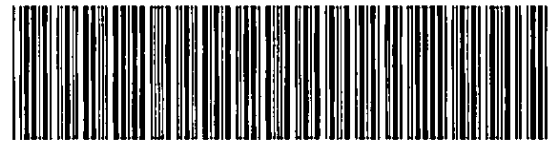
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS

FEB 19 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pay Depot, LLC

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:

Joyma Ortiz

Name of Person

Pay Depot, LLC

Firm/Company

240 Kent Avenue Office A-4

Address

Brooklyn, New York 11249

City/State and Zip Code

compliance@paydepot.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyma Ortiz

646

961 4363

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$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**

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. Pay Depot, 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. Delaware 3. 5997798
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 240 Kent Avenue Office A-4 6. 240 Kent Avenue Office A-4
(Street Address of Principal Office) (Mailing Address)

Brooklyn, New York 11249 Brooklyn, New York 11249

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N, STE 300

St. Petersburg 33702
(City) , Florida (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.

Bill Hume
(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: Oleg Zyryanov
☒ Member Address: 4545 Center Blvd Apt 2302
☐ Authorized Long Island City, New York 11109
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: Anil Khanna
☐ Member Address: 1088 Westminister Avenue
☒ Authorized Dix Hills, New York 11746
Person _____
☐ Other _____ ☐ Other _____

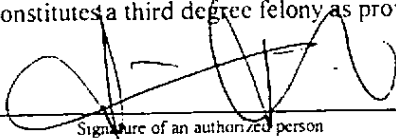
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Anil Khanna

Typed or printed name of signee

CERTIFICATE *of* INCUMBENCY
of

PAY DEPOT, LLC

We, Advantage Delaware LLC, of 3524 Silverside Road Suite 35B, Wilmington, Delaware USA 19810-4929, being duly appointed as the Registered Agent of PAY DEPOT, LLC (the "Company") a Limited Liability Company formed in Delaware on the 24th day of March, 2016, with the Delaware Secretary of State, File Number 5997798, hereby certify and recite pursuant to Section 18-201 of the Delaware Limited Liability Company Act, and to the best of our knowledge and according to records provided to us, the following:

1. The registered address of the Registered Agent of the Company is 3524 Silverside Road Suite 35B, Wilmington, Delaware USA 19810-4929.
2. According to the information provided to the Registered Agent of the company:
 - a. Mr. Oleg Zyryanov is the duly authorized representative of PAY DEPOT, LLC with all the powers to solely represent the company in all matters regarding PAY DEPOT, LLC. Mr. Zyryanov's authorizations include (but are not limited to) the purchase and sale of shares in other business entities, the purchase and sale of real estate, and the granting of powers of attorney on behalf of the Company.
 - b. Mr. Oleg Zyryanov owns 100% of the Company.
 - c. Mr. Anil Khanna is the Chief Commercial Officer and as such is authorized to apply for and open bank accounts, sign commercial and financial documents, and perform related financial duties on behalf of the Company.
 - d. The Company is in Good Standing with the State of Delaware.
 - e. The Company does not maintain records at, nor conduct business from the office of its Registered Agent.

Signed and attested before me on the 14th day of December, 2017 by Nancy J. Wolf.

Advantage Delaware LLC

Nancy J. Wolf

By: Nancy J. Wolf, Managing Member



I, JEFFREY E. CRAGG, Notary Public duly admitted and sworn in the State of Delaware, herewith certify and confirm that the signature which appears on the above Certificate of Incumbency of PAY DEPOT, LLC is that of Nancy J. Wolf, authorized representative of Advantage Delaware LLC, registered agent of PAY DEPOT, LLC.

Notary Public: *Jeffrey E. Cragg*

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAY DEPOT, 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-EIGHTH DAY OF JANUARY, A.D. 2019.

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



5997798 8300

SR# 20190532590

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202154290

Date: 01-28-19