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

COVER LETTER

TO:

Registration Section

Enclosed is a check for the following amount:

\$125.00 Filing Fee

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$130.00 Filing Fee &

Certificate of Status

02.06-2019

\$160.00 Filing Fee, Certificate

of Status & Certified Copy

4

Division of Corporations BHERSTASSA, LLC SUBJECT: 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: SONIA MOSINSKIS Name of Person BHERSTASSA, LLC Firm/Company 8970 STONE HARBOUR LOOP Address BRADENTON, FL 34212 City/State and Zip Code SONGEO@COX.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GEORGE MOSINSKIS 703 504-8778 at (Name of Contact Person Area Code Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: Division of Corporations **Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tailahassee, FL 32301

\$155.00 Filing Fee &

Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

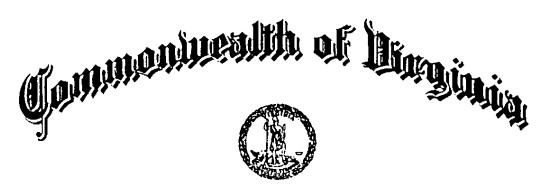
| I | BHERSTASSA, LLC | | | W #116175 | | | |
|--|--|-----------------------------------|-------------------------|-------------------------|----------------|-------------|--------------|
| (Name of Foreign | Limited Liability Company, must include "Lin | mied Latouni | y Company, 1.1.C | ., or falc.) | | | |
| (If name unavailable, enter alternate n | name adopted for the purpose of transacting business in | Florida The a | iternate name must inch | ide "Limited Liability" | Company," "L.1 | L.C," or "1 | LC.") |
| VIRGINIA, USA | | 3 | 83 | -2727850 | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | | | (FEI number, if | applicable) | | _ |
| NONE | | | | | | | |
| 4 | (Date first transacted business in Florida, if pro (See sections 605,0904 & 605,0905, F.S. to det | to registration ermine penalty | lability) | | _ | | |
| 8970 STONE HARBOUR LOOP | | 6. | 8970 STONE H | | = - | | |
| 5. (Street Address of Principal Office) | | 0. | <u> </u> | (Mailing Address) | | | _ |
| BRADENTON, FL 34212 | | | BRADENTON | , FL 34212 | | | |
| | · | | | | | | <u> </u> |
| | | | | | | 20 | - |
| 7. Name and street addres | ss of Florida registered agent: (P.O. B | Box <u>NOT</u> a | acceptable) | | 118 | 119 FEB | H |
| Name: | SONIA MOSINSKIS | | | | LAHASSE | (3 AH | |
| Office Address: | 8970 STONE HARBOUR LOOP | | | | | 110: 50 | |
| | BRADENTON | | Vio ± 4 a | 34212 | | | |
| | (Cay) | | , 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.

(Registered agent's signature)

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: Name and Address: Title or Capacity: Name: SONIA MOSINSKIS Manager | Name: _____ ■ Manager Address: 8970 Stone Harbour Loop Address: ____ Member ☐ Member Bradenton, FL 34212 ■Authorized ☐ Authorized Person Person Other____ Other Other Other ■ Manager Name: ■ Manager Name: Member Member | Address: _____ Address: Authorized Authorized Person Person Other ___ ☐Other_____ Other___ Other Name: Manager ☐ Manager Name: Address: _____ ☐ Member Address: ☐ Authorized ☐ Authorized Person Person Other Other Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filling 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. rimbus 02.06.2019 SONIA MOSINSKIS



STATE CORPORATION COMMISSION

Richmond, January 16, 2019

This is to certify that the certificate of organization of

BHERSTASSA LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: January 16, 2019



State Corporation Commission Attest: