

M19000003152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

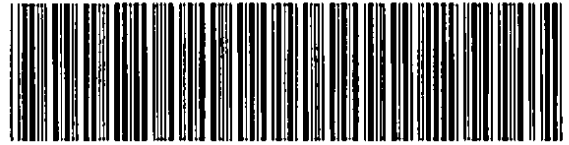
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BRUCE
APR 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

AMERICAN TECHNOLOGY VENTURES, 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:

STANISLAV A SHAMAYEV

Name of Person

SHAMAYEV LAW, P.A.

Firm/Company

601 S FEDERAL HWY

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

SSHAMAYEV@SHAMAYEV.LAW.COM

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

For further information concerning this matter, please call:

STANISLAV A SHAMAYEV

954

361-1222

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

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SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 805.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AMERICAN TECHNOLOGY VENTURES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

AMERICAN TECHNOLOGIES, LLC

2. 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 "L.L.C."

STATE OF DELAWARE

83-1977406

3. (FEI number, if applicable)

4. Jurisdiction under the law of which foreign limited liability company is organized

N/A

5. (Place first transacted business in Florida, if prior to registration.)
(See sections 602.0904 & 604.0905, F.S. to determine penalty liability.)

15701 NW 15th AVE

15701 NW 15th AVE

6. (Street Address or Principal Office)

(Mailing Address)

MIAMI

MIAMI

FL 33169

FT.. 33169

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

VASILII BOBKOV

Name:

15701 NW 15th AVE

Office Address:

MIAMI

33169

Florida

(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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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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: VASILII BOBKOV

☒ Member Address: 15701 NW 15th AVE

☐ Authorized MIAMI, FL 33169

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

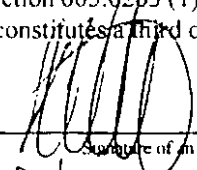
☐ Other ☐ Other

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SECRETARY OF STATE
TAMARA S. J. LINDEN

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
Stanislav Shamayer

Typed or printed name of signer

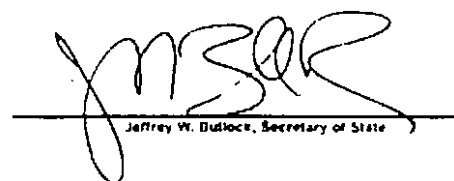
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN TECHNOLOGY VENTURES 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 FIFTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN TECHNOLOGY VENTURES LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

7056246 8300

SR# 20192000636

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

Authentication: 202448573

Date: 03-15-19