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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

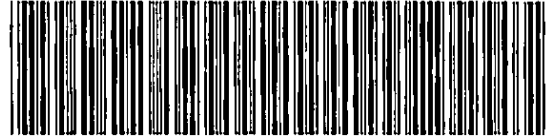
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/25/19--01018--009 **130.00

TALLAHASSEE, FLORIDA

2019 MAY -6 A 8:10

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D SCOTT

MAY 6 2019

Fax

5/4/2019

To: **Deon** Registration Section Division of Corporations Florida DOS

FAX# **850 245 6030**

Pages : 4

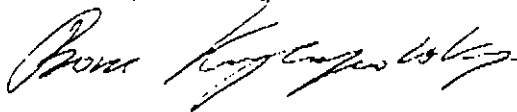
Re: Document # W19000042899 **Rejected Filing**

From Boris Kryzhapolsky / Neptune-Brighton LLC

Dear Deon,

As per our phone conversation on 5/03/2019, I am submitting for Your review application for foreign company to transact business in Florida. Originally filing was rejected, as I did not printed my name as a signee. Attached please see corrected application.

Thank you very much,



Boris Kryzhapolsky

Neptune-Brighton LLC

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2019 MAY -6 A 8:14

TALLAHASSEE, FLORIDA

2019 MAY -6 A 8:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

Neptune-Brighton 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:

Boris Kryzhapolsky

Name of Person

Neptune-Brighton LLC

Firm/Company

20 West 84 Street Apt 3A

Address

New York NY 10024

City/State and Zip Code

Bkryz236@gmail.com

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

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 MAY - 6 A 8 10
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Boris Kryzhapolsky

516

655 4410

Name of Contact Person

at (_____) _____

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. Neptune-Brighton 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.")

New York State

11-3639641

2. (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)
236 Neptune Ave Brooklyn NY 11235 20 West 84 Street apt 3A New York NY 10024

5. (Street Address of Principal Office)

6. (Mailing Address)

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

Name: Boris Kryzhapolsky

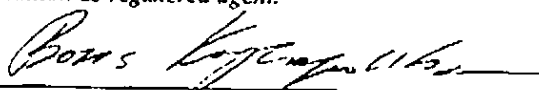
Office Address: 16711 Collins Ave. unit 801

Sunny Isles Beach 33160
(City) Florida (Zip code)

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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)

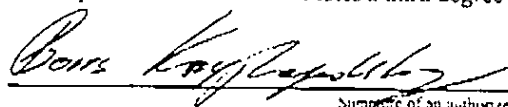
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Boris Kryzhapolsky	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 20 West 84 Street 3A	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, NY 10024	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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

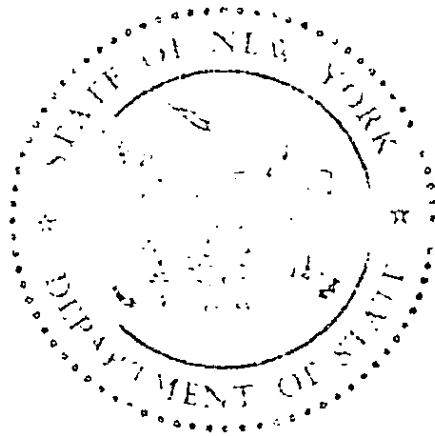
Boris Kryzhapolsky

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that NEPTUNE-BRIGHTON LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/13/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



CLERK OF THE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 MAY -6 A 8:14

FILED

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of April two
thousand and nineteen.

A handwritten signature in cursive script that reads "Whitney Clark".

Whitney Clark
Deputy Secretary of State