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SURIFCT	PARELTI GROUP L				
addater.		Name of L	imited Liability C	Company	
				tion to Transact Business in Florida." ed liability company to transact busir	
Please returi	n all correspondence co	oncerning this matter to the li	ollowing:		
	ELDAR MURS	UDEU			
	<u> </u>	Nai	me of Person		
	PARELTI GRO	UPILLC			
	<u>-</u>	Êin	nt/Company		
	1508 BAY RD.,	APT. #N1231			
	<u></u>		Address		
	MIAMI BEACI	I. FL, 33139			
		City/Sta	ate and Zip Code		
	emursudlu@gmai				
		E-mail address: (to be used)	Tor Tuture annual	report notification)	
For further i	nformation concerning	this matter, please call:			
MI	CHELLE A. ARACE.	ESQ.	860 _ at (233-8342	
	Name of	Contact Person	Area Code	Daytime Telephone Number	
Div Rej P.C	AILING ADDRESS: rision of Corporations gistration Section). Box 6327 Ilahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	closed is a check for the ase make check payabl	e following amount: e to: FLORIDA DEPART?	MENT OF STA	re	
	\$125.00 Filing Fee	□ \$130.00 Filing Fee &	\$155.00	Filing Fee & 🛛 \$160,00 Filing	Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. PARELTI GROUP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Co	mpany," "L.L.C.," or "LLC.")	<u></u>	

ONNECTICUT		81-3079241 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to in (See sections 605 0904 & 605.0905, F.S. to determin	egistration) re-penalty liability)		
1508 BAY RD., APT	#N1231	1508 BAY RD., APT #N1231		
(Street Address of	Principal Office)	6(Mailing Address)		
MIAMI BEACH, FL.	33139, USA	MIAMI BEACH, FL, 33139, USA		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	bluč	
			5. 	
Name:	ELDAR MURSUDLU			
	ELDAR MURSUDLU		MRY - PH	
Name:	ELDAR MURSUDLU 1508 BAY RD., APT #N1231			

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 (nurc)

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:	Title or Capacity:	Name and Address:	
Manager	Name:	🗌 Manager	Name: VALENTINA MURSUDLU	
Member	Address: 1508 BAY RD., APT #N1231	Member	Address:	
Authorized	MIAMI BEACH, FL 33139	🛄 Authorized	MIAMI BEACH, FL 33139	
Person		Person		
Other	Other	Other	Other	
Manager	Name:	🛄 Manager	Name:	
Member	Address:	Member	Address:	
Authorized	.	Authorized		
Person		Person	语 	
Other	Other	Other		
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	<u></u>	Authorized		
Person	<u>, , , , , , ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	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. 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 facerde felony as provided for in s.817.155, F.S.

	CHIT	
ELDAR MURSUDLU	Signature of An authorized person	
·	Typed or printed name of signee	

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

PARELTI GROUP LLC

a domestic limited liability company, were filed in this office on June 27, 2016.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

in Sthenk

Secretary of the State

Date Issued: April 19, 2019