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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

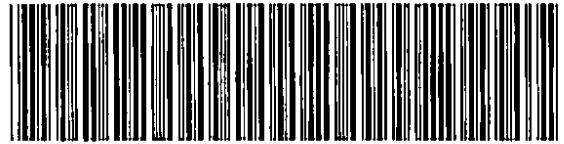
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Certified Copies _____

Certificates of Status _____

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D SCOTT

MAY 29 2019

Deborah Reid PA
6034 Winding Bridge Drive
Jacksonville, FL 32277
(904) 742-2697
reidartlaw@gmail.com

May 14, 2019

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

Re: Application for Goloborotko's Studio LLC to transact business in Florida

Dear Sir or Madam,

I have enclosed the following:

Application of Goloborotko's Studio, LLC of New York to transact business in Florida

Certificate of Existence from State of New York dated April 5, 2019 in bottom right hand corner

Check payable to Division of Corporations for \$130.00

Please forward a Certificate of Status on approval to the address above. Please do not hesitate to contact me at phone number or email above if you have any questions or require additional information.

Thank you.

Sincere regards,

Deborah Reid

Empowering Artists + Innovators

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goloborotko's Studio, 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:

Deborah Reid

Name of Person

Deborah Reid PA

Firm/Company

6034 Winding Bridge Drive

Address

Jacksonville, FL 32277

City/State and Zip Code

reidartlaw@gmail.com

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

For further information concerning this matter, please call:

Deborah Reid

904

742-2697

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

RECEIVED
JAN 17 A 7 39

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. Goloborotko's Studio, 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. New York
(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 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 3225 Kline Road
(Street Address of Principal Office)

6. 151 Palm Valley Road
(Mailing Address)

Jacksonville, FL 32246

Ponte Vedra Beach, FL 32082

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

Name: Sheila Goloborotko

Office Address: 151 Palm Valley Road

Ponte Vedra Beach, FL 32082
(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.

X Sheila Goloborotko
(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:

☒ Manager Name: Sheila Goloborotko
☐ Member Address: 151 Palm Valley Road
☐ Authorized Ponte Vedra Beach, FL 32082
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

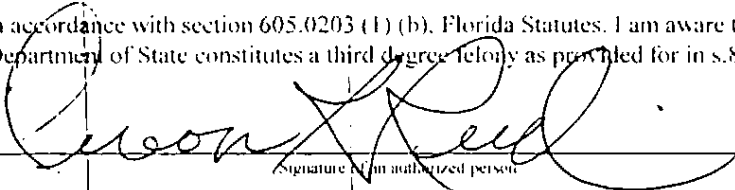
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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

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
Deborah Reid, Attorney
Typed or printed name of signer

**State of New York
Department of State**

} ss:

I hereby certify, that GOLOBOROTKO'S STUDIO, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/28/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of April two
thousand and nineteen.*

*Whitney Clark
Deputy Secretary of State*

APR 17 11 39
PM '09