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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number

: (954)842-2936

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email	Address:			
C1110 T T	AUGI COO.			

Foreign Limited Liability Company PERFECTION MARKETING, LLC

Certificate of Status	0
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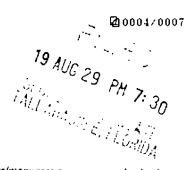
COVER LETTER

TO:	Registration Section Division of Curporations
SUBJE	PERFECTION MARKETING, LLC
	Name of Limited Liability Company
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of te, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
	eturn all correspondence concerning this matter to the following:
	MAKSIM STRIJAK
	Name of Person
	PERFECTION MARKETING, LLC
	Firm/Company
	374 SW DONNA TERRACE
	Address
	PORT ST. LUCIE, FL 34984
	City/State and Zip Code
	E-mail address: (to be used for luture annual report notification)
For furth	er information concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
]	Inclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Description Fee & Description Control Copy} \$125.00 Filing Fee & Description Fee & De

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

IN COMPLIANCE WITH SECTION 603 0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PERFECTION MARKETING, LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If none unavailable, order alternate mane adopted for the purpose of unasacting histories in Florida. The alternate name must include "Limited Lightlity Company," "L.J. C," or "LCC.") (Jurisdiction upder the law of which foreign limited liability company is organized) August 26, 2019 (Date first transacted business in Florids, if prior to registration.)
(Nee sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 374 SW DONNA TERRACE 374 SW DONNA TERRACE 5. (Street Address of Principal Office) PORT ST LUCIE, FL 34984 PORT ST LUCIE, FL 34984 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MAKSIM STRIJAK Name: 374 SW DONNA TERRACE Office Address: PORT ST LUCIE 34984 , Florida 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. Maksim Strojak

(Registered agost'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: MAKSIM STIJAK	Title or Capacity Manager	_	Name and Address:
Member	Address: 374 SW DONNA TERRACE	Member		
Authorized	PORT ST LUCIE, FL 34984	☐ Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other_	Other	Other		
■Manager	Name:	☐ Manager	Name:	
□Member	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. 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 \$.817.155, F.S.

Shurpture of an elighorized person	
MAKSIM STRIJAK	
THE WILLSAM	L

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PERFECTION MARKETING, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERFECTION MARKETING, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

19 AUG 29 PM 7: 30

7439734 8300

SR# 20196793218

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

Authentication: 203502210

Date: 08-29-19