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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

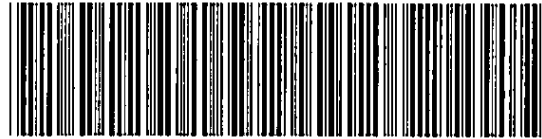
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 18 PM 11:12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROBOLABS 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:

LINA KLEBANER

Name of Person

LAW OFFICES OF LINA KLEBANER

Firm/Company

111 FULTON STREET, SUITE 818

Address

NEW YORK NY 10038

City/State and Zip Code

lklebaner@gmail.com

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

For further information concerning this matter, please call:

LINA KLEBANER

617
at ()

723-9030

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

2019 NOV 18 PM 11:12

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. ROBOLABS 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. MASSACHUSETTS
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

4. upon registration
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4640 Sub Chaser Court, Suite 101
(Street Address of Principal Office)

6. 4640 Sub Chaser court, Suite 101
(Mailing Address)

Jacksonville FL 32244
Jacksonville FL 32244

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

Name: Alexander Komarovsky

Office Address: 2751 South Ocean Drive, Suite 808S

Hollywood 33019
(City) , Florida (Zip code)

2019 NOV 18 PM 11:12

FILED

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)

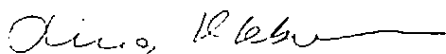
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: MIKHAIL V. KORIN	<input checked="" type="checkbox"/> Manager	Name: VALERY KORIN
<input type="checkbox"/> Member	Address: 26 BAKINSKIKH COMISSARDY	<input type="checkbox"/> Member	Address: 922 WALTHAM STREET
<input type="checkbox"/> Authorized	MOSCOW, 119571 RUSSIA	<input type="checkbox"/> Authorized	SUITE 105
Person		Person	LEXINGTON, MA 02421
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: LINA KLEBANER	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 111 FULTON ST., S-TE 818	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	NEW YORK, NY 10038	<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

LINA KLEBANER

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

November 1, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ROBOLABS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 8, 2016.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
MIKHAIL V KORIN, VALERY KORIN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MIKHAIL V KORIN, VALERY KORIN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MIKHAIL V KORIN, VALERY KORIN**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

2019 NOV 18 PM 11:12

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LAW OFFICES OF LINA KLEBANER

111 Fulton Street, Suite 818
New York, NY 10038*
tel: (646) 895-9070 / fax: (617) 687-0428
email: lklebaner@gmail.com
www.klebanerlaw.com

*also admitted in Massachusetts

13 November 2019

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

Re: **Robolabs LLC** (Massachusetts corporation)
Application by Foreign Limited Liability Company to Transact Business in Florida

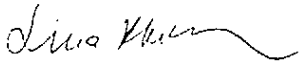
Dear Sir/Madam,

Enclosed please find the following documents for the above matter:

1. Cover Letter
2. Application by Foreign Limited Liability Company to Transact Business in Florida
3. Certificate of Good Standing from Commonwealth of Massachusetts
4. Check in the amount of \$130 in payment for filing fee and Certificate of Status, and
5. Self-addressed stamped envelope.

Thank you for your attention to this matter.

Sincerely,



Lina Klebaner

enclosure

2019 NOV 18 PM 11:12