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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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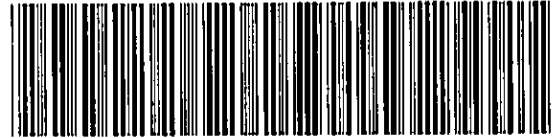
(Business Entity Name)

(Document Number)

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2019 NOV 26 A 10:27  
TALLAHASSEE, FLORIDA

FILED

JAN 02 2020

TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADELEN HOLDING, 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:

LEONID CHERNOY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17201 COLLINS AVENUE APT 4104

\_\_\_\_\_  
Address

SUNNY ISLES BEACH FL 33160

\_\_\_\_\_  
City/State and Zip Code

LCHERNOY@GMAIL.COM

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

For further information concerning this matter, please call:

LEONID CHERNOY

917

415-1122

\_\_\_\_\_  
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. ADELEN HOLDING, 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. WYOMING 3. 45-3222298  
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 17201 COLLINS AVENUE APT 4104 6. 17201 COLLINS AVENUE APT 4104  
(Street Address of Principal Office) (Mailing Address)

SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: LEONID CHERNOY

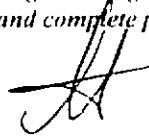
Office Address: 17201 COLLINS AVENUE APT 4104

SUNNY ISLES BEACH, Florida 33160  
(City) (Zip code)

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TALLAHASSEE, 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.*

  
\_\_\_\_\_  
(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: Leonid Chernoy Living Trust

☒ Member              Address: 17201 COLLINS AVE

☐ Authorized              APT 4104

Person              SUNNY ISLES BEACH, FL 33160

☐ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: Adella Chernoy Living Trust

☒ Member              Address: 275 COLERIDGE STREET

☐ Authorized              BROOKLYN, NY 11235

Person

☐ Other                      ☐ Other

☒ Manager              Name: LEONID CHERNOY

☐ Member              Address: 17201 COLLINS AVE

☐ Authorized              APT 4104

Person              SUNNY ISLES BEACH, FL 33160

☐ Other                      ☐ Other

☒ Manager              Name: ADELLA CHERNOY

☐ Member              Address: 275 COLERIDGE STREET

☐ Authorized              BROOKLYN, NY 11235

Person

☐ Other                      ☐ Other

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

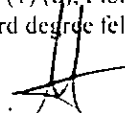
Person              \_\_\_\_\_

☐ 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

LEONID CHERNOY

Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


**ADELEN HOLDING, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 14, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000608295**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of November, 2019 at 2:08 PM. This certificate is assigned 033495128.



  
Secretary of State

**STATE OF WYOMING • SECRETARY OF STATE**  
**EDWARD A. BUCHANAN**  
**BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020

Phone 307-777-7311

Website: <http://soswy.state.wy.us> · Email: [business@wyo.gov](mailto:business@wyo.gov)

**Validation of Certificate of Good Standing for**  
**Certificate Issued 11/16/2019**

Validation Certificate Generated: November 16, 2019

Certificate number 033495128 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **ADELEN HOLDING, LLC**, a **Limited Liability Company** formed or qualified under the laws of Wyoming on **09/14/2011**.