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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

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

Email Address:

Foreign Limited Liability Company Bogdan Delivery, LLC

Certificate of Status	0
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Help

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: Bogdan Delivery, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ilf 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." Washington (Jurisdiction under the law of which foreign limited hability company is organized (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability). 19613 81st ave s kent wa 98032 kent wa 98032 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

Name and Address: Name: bogdan momtyuk	Title or Capacity Manager		Name and Address:
Address: 19613 81st ave s	☐ Member		
kent, wa 98032	Authorized		
	Person		
Other	Other		Other
Name:	☐ Manager	Name:	
Address:	Member	Address:	
<u></u>	Authorized		
	Person		
Other	Other		Other
			2020 HAD
Name:	☐ Manager	Name:	
Address:	☐ Member	Address:	9
	☐ Authorized		 ည သ
	Person		<u>_</u>
Other	Other		Other
	Name:Other Other Name:Address: Address:	kent, wa 98032	Name: Manager Name: Address: Member Address: Manager Name: Address: Authorized Person Manager Name: Address: Authorized Person Manager Name: Address: Authorized Member Address: Address: Authorized Member Address: Authorized Person Authorized Authorized

Typed or printed name of signee





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

BOGDAN DELIVERY, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/03/2007.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and proceedings for administrative dissolution are not pending.

Issued Date: 03/06/2020 UBI Number: 602 712 830

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 03/06/2020



XXXXXX.