



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

XINET, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Sergei Osetrov

Name of Person
Company Express (Delaware) Limited, Inc.
Firm/Company
601 Heritage Drive, Suite 207
Address
Jupiter, FL 33458
City/State and Zip Code
usa@com-exp.com
E-mail address: (to be used for future annual report notification)

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 2020 JUL 29 PM 2:16  
 TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Sergei Osetrov	561	776-7922
_____	at ( _____ )	_____
Name of Contact Person	Area Code	Daytime Telephone Number

**Mailing Address:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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:

XINET, LLC

1. \_\_\_\_\_  
(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.")  
State of Delaware 32-0131708

2. \_\_\_\_\_ (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 605.0904 & 605.0905, F.S. to determine penalty liability)  
601 Heritage Drive, Suite 207 601 Heritage Drive, Suite 207

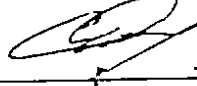
5. \_\_\_\_\_ (Street Address of Principal Office)  
Jupiter, FL 33458  
6. \_\_\_\_\_ (Mailing Address)  
Jupiter, FL 33458

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

Company Express (Delaware) Limited, Inc.  
Name: \_\_\_\_\_  
601 Heritage Drive, Suite 207  
Office Address: \_\_\_\_\_  
Jupiter 33458  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

  
SERGEI OSETROV, President  
\_\_\_\_\_  
(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]:

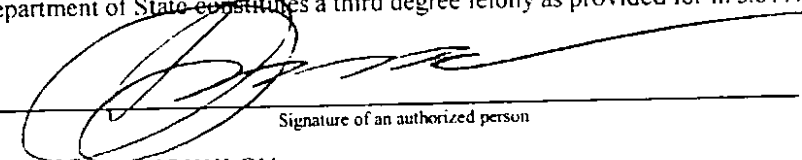
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Victor KHOKHLOV</u> Address: <u>135 JENKINS STREET 105B #190</u> <u>SAINT AUGUSTINE, FL 32086</u>	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____ Address: _____	<input type="checkbox"/> Manager	Name: _____ Address: _____
<input type="checkbox"/> Member	Name: _____ Address: _____	<input type="checkbox"/> Member	Name: _____ Address: _____
<input type="checkbox"/> Authorized Person	Name: _____ Address: _____	<input type="checkbox"/> Authorized Person	Name: _____ Address: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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**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  
 Victor KHOKHLOV  
 \_\_\_\_\_  
 Typed or printed name of signer


# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "X1NET, 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 SIXTEENTH DAY OF JULY, A.D. 2020.

2020 JUL 29 PM 2:15  
ALLIANCE OF FLORIDA



  
Jeffrey W. Bullock, Secretary of State

3875325 8300

SR# 20206263981

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203297702

Date: 07-16-20