

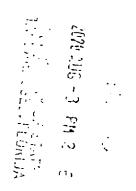
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COVER LETTER

Na	nme of Limited Liability Company	_	
	ty Company for Authorization to Transact Business in Florida we referenced foreign limited liability company to transact bu		
return all correspondence concerning this matter	er to the following:		
Alekandr Semehishin		- 10. - 10.	
· · · · · · · · · · · · · · · · · · ·	Name of Person		
Babushka LLC		٠,٠	
	Firm/Company		
3435 Harrisburg Georgesville Road		J	
	Address	— კა	
Grove City, Ohio 43123			
	City/State and Zip Code	_	
alex@sembrodesigns.com			
E-mail address: (to	be used for future annual report notification)	_	
rther information concerning this matter, please of	call:		
Alex Semchishin	614 745-4257		
Name of Contact Person	at ()	_	
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

IN COMPILANCE 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:

f name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flor	ida, The alte	rnate name must include "Limited	d Liability Compar	y," "L.L.C," (or "Ll
Ohio		3.	√A			
(Jurisdiction under the law of which foreign limited liability company is organize		3	(FEI number, if applicable)			
N/A					<u> </u>	
· <u></u>	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penalty lial	bihty)	. .	\(\frac{1}{2}\),	
174 Kenmore Avenue		Sa 6.	ame	٠,	, 1	
treet Address of Principal Office)		o	(Mailing Address)	•	ŧ	
Ponte Vedra, FL. 32081						
		_			·	
	or of Florida registered agents (P.O. Roy	NOT acc	ceptable)			
Name and street address						
Name and street address Name:	Joshua Romanov					
Name and street address Name: Office Address:						

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: Title or Capacity: Name and Address: Name and Address: Joshua Romanov Name: Name: ___ Alekranda Semchishin ☐ Manager Manager 3435 Harrisburg Georgesville R 174 Kenmore Avenue. Address: ■ Member ■ Member Ponte Vedra FL 32081 Grove City, OH 43123 □ Authorized □ Authorized Business Manager as well as Member Managing Member Person Person □Other □ □Other____ Other____ Other_ Debi Everson □ Manager □Manager 357 N. Cassingham Rd. □ Member Address: Address: __ ☐Member Columbus, Ohio 43209 Authorized □ Authorized Attorney at Law Person Person Other__ ' 11 Other_ ☐Other____ Other_ Name: ☐ Manager ☐ Manager □Member ☐ Member Address: _____ Address: □ Authorized Authorized Person Person □Other_____ Other_ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. MANRAINA MEMBER Alekandr Semchishin Typed or printed name of signer

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

we, the undersigned, do hereby certify that I am the Authorized F	rerson
of Babushka LLC	_
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under the	laws of
Ohio	
(State or Country of Organization)	-
Because the name of this foreign limited liability company does n	not satisfy the
requirements of the s. 605.0112, F.S., the limited liability compar	y hereby adopts the
following name to transact business in the state of Florida:	
Babushka Tea LLC	
(Name to be used by limited liability company in Florida. NOTE: Name must contain l Company, L.L.C., or LLC.)	Limited Liability
JoshRomana	07/28/2020
Signature Authorized Person	Date

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BABUSHKA LLC, an Ohio For Profit Limited Liability Company, Registration Number 4491018, was organized within the State of Ohio on June 21, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of June, A.D. 2020.

Ohio Secretary of State

Fred for Bace

Validation Number: 202018102714