

M2000000 9375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

mailed consent letter 10/20/20  
W20000091100  
W20000078150  
00099 00047  
00014, 04099

Office Use Only



800347391798

07/07/20--01001--005 ••130.00

RECEIVED

JUL 06 2020

2020.20 11:8:19

5 Bf  
10/21/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MD AUTO GROUP 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:

OLEG IURECICO

Name of Person

MD AUTO GROUP LLC

Firm/Company

2880 N W ST

Address

PENSACOLA FL 32505

City/State and Zip Code

MD\_AUTOGROUP@YAHOO.COM

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

For further information concerning this matter, please call:

OLEG IURECICO

850

857-9987

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

RECEIVED  
AUG 14 2020

27200 - 20 11 3: 20

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. MD AUTO GROUP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

MD AUTO GROUP INC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. WY

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

3. 85-1593341

(FEI number, if applicable)

4. 08/03/2020

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

5. 1712 PIONEER AVE SUITE 500

(Street Address of Principal Office)

6. 2880 N W ST PENSACOLA FL 32505

(Mailing Address)

CHEYENNE, WY 82001

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

Name: OLEG IURECICO

Office Address: 2880 N W ST

PENSACOLA

(City)

, Florida

32505

(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.

(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: OLEG IURECICO

☐ Member              Address: 2880 N W ST PENSACOLA

☐ Authorized              FL 32505

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

☒ Manager              Name: IRINA BOTNARI

☐ Member              Address: 2880 N W ST PENSACOLA

☐ Authorized              FL 32505

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

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

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

☐ Authorized              \_\_\_\_\_

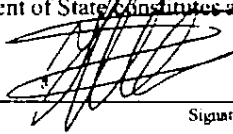
Person              \_\_\_\_\_

☐ 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

OLEG IURECICO

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,

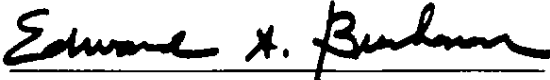
**MD Auto Group LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 22, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000918466**.

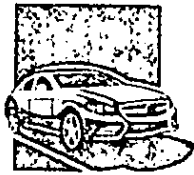
This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

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 22nd day of May, 2020 at 12:50 PM. This certificate is assigned ID Number 036894642.



  
Secretary of State

2020. 20 MAY 6:20



**MD AutoGroup LLC**

**MD AUTOGROUP LLC**

**2880 N S ST PENSACOLA FL 32505**

**850-857-9987**

10/16/2020 I have no intentions of opening the Florida LLC business MD Autogroup LLC (E 14000092623);

2020-10-16 13:24

Requiereco  10/16/2020