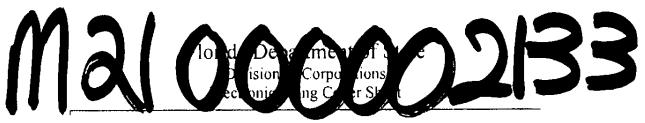
DIVIDION OF COLPORATIONS

2021-02-22 12:58:24 GMT

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From: Vcorp Services, LLC



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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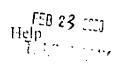
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Foreign Limited Liability Company Florida Finance LLC

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Certified Copy	U
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



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

18886118813

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FORESON LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SIXTE OF FLORIDA:

1. Florida Finance LLC		· 	31 (a f	<u> </u>	
1/1	Limited Liability Company; must include "Limit	ed Liabibly Company,	L.L.C., or "Light)	,	
Florida Finance 2026 (Finance maxwilable, enter alternation	U 1.1 /C. name adopted for the purpose of transacting Fusiness in F	kinda. The alternate name m	ust include "Limited Lia	bility Company." "1.1.C	2,7 or "F4 C,7")
2. Delaware		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		frua LTT)	bet, if applicable)	
4 Upon Filing					
	(Date first transacted briefless in bloods, it prior t (See sections 605,0504 & 605,0505, F.S. to deter	mae penalty liability)			
5. 3029 NE 188th Street		6. 3029 NE	188th Street Suite	e 912	
Aventura, FL 33180	(mergal (mee)	Aventura,	FL 33180	,,,	
	· · · · · · · · · · · · · · · · · · ·				
					
7 Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)			
Name:	Veorp Services, LLC			,)
08	5011 South State Road 7, Suite 106			:	1
Office Address:			22714		;
	Davie (Civ)	, (i	orida <u>33314</u> 	ler .	÷
designated in this applica to comply with the provis	egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope is of my position as registered agent.	as registered agent er and complete per	and agree to act formance of my	t in this capacity	. I further agree i familiar with
		Now Court	*		
	(Registered agont)	र सद्भागताद)			
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who l Name and Address;	nas have authority to <u>Title or Can</u>	o manage (s/ace) acity:	Name and A	ddress:
Member	Boris Musheyev 3029 NE 188th Street Ste 91 Aventura, FL 33180	<u>2</u>			
		<u> </u>			
(Use attachments if neces	ssary)	_ 			
	e of existence, no more than 90 days old of which it is organized. (If the certific submitted)				
	cuted in accordance with section 605,02 to the Department of State constitutes a t				information
	() solute				
	** • • • • • • • • • • • • • • • • • •	to of an authorized person			

Typed or printed name of stance

Renee Luke

H21000072167 3

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLORIDA FINANCE 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA FINANCE LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

4572763 8300

SR# 20210222764

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202367854

Date: 01-26-21