M9100005367

(Requestor's Name)
(Address)
(nucless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Daniel Allera La)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

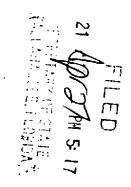
Office Use Only

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COVER LETTER

IECT:	Lima T	rading LLC
<u> </u>	Name	of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in Fl
e return all corre	spondence concerning this matter to	the following:
	/rene	Reruit Name of Person
		Name of Person
	ljua	Firm/Company UC
		_
	3251 E	Slausou AV. Address
	Vernoi	ity/State and Zip Code
	Ci	ity/State and Zip Code
	r. Ireue	a vigluruiture, com used for future annual report notification)
	E-mail address: (to be	used for future annual report notification)
irther informatio	n concerning this matter, please cal	l:
Treve	leruik	at (323) 578-6216 Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Add	ress:	Street Address:
Registratio		Registration Section
	f Corporations	Division of Corporations
P.O. Box 6		The Centre of Tallahassee
Tatlahasse	e. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	check for the following amount:	ARTMENT OF STATE





Division of Corporations

January 21, 2021

IRENE REZUIH 3251 E SLAUSOU AVE VERNON, CA 90058

SUBJECT: LIMA TRADING LLC Ref. Number: W21000005913

We have received your document for LIMA TRADING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is not complete. You left out the second page of the document. Also please type the information on the document or have it written to where it can be read.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 821A00001398

RECEIVED APR 2.7 2021

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

IN COMPILANCE WITH SECTION 605,0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate r	name adopted for the purpose of transacting busine	ness in Florida. The alternate name must include "Limited Liability Company," "L.L.C.	
DELAWARE		36-4908658	
(Jurisdiction under the law of which foreign limited liability company is organized		d) (Ell number, if applicable)	
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	prior to registration 1 o determine penalty hability)	
108 WEST 13th STREET		3251 E SLAUSON AVE	
cet Address of Principal Office)		(Mailing Address)	
WILMINGTON, DE 19	9801	VERNON, CA 90058	
Name and street addres	ss of Florida registered agent: (P.O	D. Box NOT acceptable)	
Name and street addres Name:	ss of Florida registered agent: (P.O		
Name:	IRINA REZNIK		

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]:

Name and Address:	Title or Capacity:	Name and Address:
Name: IRINA REZNIK	□Manager	Name: GENNEADIY VILCHIK
Address: 2050 SW 30th AVE	■Member	Address: 2050 SW 30th AVE
HALLANDALE FL 33009	□Authorized	HALLANDALE FL 33009
	Person	
Other	□Other	Other
Name:	∐Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
∐Other	∐Other	∐Other
Name:	∐Manager	Name:
Address:	∐Member	Address:
	□Authorized	
	Person	
Other	∐Other	
	IRINA REZNIK	Name: IRINA REZNIK

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.



Page 1



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

DELAWARE, DO HEREBY CERTIFY "LIMA TRADING, 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 MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIMA TRADING, LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2018.

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



Authentication: 202742119

Date: 03-16-21