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Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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COVER LETTER

Division of Corpo							
SUBJECT:	SKY TRAN	NSPORTA	FION, LLC				
	Name of corpor	ation - mu	st include suffix				
Dear Sir or Madam:							
The enclosed "Applicatio "Certificate of Existence, above referenced foreign	or "Certificate of Good	Standing	" and check are sub	mitted to register the			
Please return all correspo	ndence concerning this n	natter to th	e following:	2019 NOV 12 SECRETARY TALLAHASSE			
LARISA POPOVA	·			AS V			
	Nam	e of Perso	T)				
P&L CONSULTING SERV	ICES CORP			T T T			
	Firm	Company		3: 2 FORI			
2625 EAST 14TH ST, STE	205			DE W			
	1	Address	·				
BROOKLYN, NY 11235							
	City/St	ate and Zi	p code				
LARA.POPOVA@PLFINA	NCE.COM						
	E-mail address: (to be u	ised for fu	ture annual report n	otification)			
For further information co	oncerning this matter, ple	ease call:					
LARISA POPOVA	at (7	18	648 - 9821				
Name of Person	-	Code	Daytime Teleph	none Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for th	e following amount:						
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	SKY TRANSPO	ORTATION, LLC					
	(Enter name of co "Inc.," "Co.," "Co.	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY.	" "CORPORATIO	N."		
	SKY TRANSPO	DRTATION GROUP LLC					
	(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the	purpose of transact	ing busines	s in Flo	orida)
2.	CONNECTICU	Т 3.	46-1729722		1VI 3S	2019	
	(State or countr	y under the law of which it is incorporated)		(FEI number, if a	ipplicable)	NON S	TI
4.	01/08/2013	5.	PERPETUAL		1ASF	<u>~</u>	=
	(Date	of incorporation)	(Date	of duration, if other	er than perp	etual)	177
6.	11/11/2019	_) F C	ž	Ö
7.	705 N MOUNTA	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 IN ROAD STE E-103, NEWINGTON, CT 06	502, F.S., to dete	ermine penalty liab	ORIDA illity) A	23	
	2625 FAST 14TI	LST, STE 205, BROOKLYN, NY 11235	par office addres	91			
	2023 13/131 1411		ng address, if dil	fferent)			
8.	Name and stree	et address of Florida registered agent: (P.) ALEX MIKITYANSKIY	O. Box <u>NOT</u> a	acceptable)			
o	ffice Address:	793 BLANDING BLVD. STE D					
		ORANGE PARK	, Florida	32065			
		(City)		(Zip code)			
_	11 2 - 4 4	43					

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

alex Mustanse
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: _____ Director: ROMAN GENOV Address: 55 OCEANA DRIVE EAST, APT 3B ΠI BROOKLYN, NY 11235 Director: GRIGORIY GENOV Address: 48 AVONWOOD ROAD, APT 217 AVON, CT 06111 **B. OFFICERS** Address: _____ Vice President: Address: Secretary: __ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

ROMAN GENOV, DIRECTOR

13. __

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

SKY TRANSPORTATION, LLC

a domestic limited liability company, were filed in this office on January 08, 2013.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Whenk

Date Issued: November 05, 2019

Business ID: 1093035 Certificate Number: 2019416284001

Note: To verify this certificate, visit the web site http://www.concord.sots.et.gov