

1/7/22 10:09 AM

Division of Corporations

**M220000043**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000009261 3)))



H220000092613ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@LICENSESETC.COM

2022 JAN -7 PM 4:57

ATTACH

2022 JAN -7 PM 1:36

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FILED

**Foreign Limited Liability Company  
STRUCTURE REDEVELOPMENT LLC**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

S. FRANKLIN  
JAN 10 2022

Florida Department of State  
2415 N. Monroe St., Suite #810  
Tallahassee, FL 32303

To Whom It May Concern:

Please note that I recently filed a voluntary dissolution for Structure Redevelopment LLC with Florida Document # L21000156267. This is now INACTIVE. I am re-filing as a foreign business based out of Oregon which has the same business name, Structure Redevelopment LLC.

I just wanted to make it clear that I am requesting for the name to be released for me to use as the foreign entity has the same name.

If you have any questions, please contact my associate Lisa Adams at (239) 777-1028.

Thank you for your assistance,

Vladislav Rudnitsky

**FILED**  
2022 JAN -7 PM 1:41  
DEPT. OF STATE  
TALLAHASSEE, FL

((H22000009261 3)))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRUCTURE REDEVELOPMENT 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:

LISA ADAMS  
Name of Person  
LICENSES, ETC., INC.  
Firm/Company  
27911 CROWN LAKE BLVD., SUITE #211  
Address  
BONITA SPRINGS, FL 34135  
City/State and Zip Code  
SUPPORT@LICENSESETC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS at (239) 777-1028  
Name of Contact Person Area Code Daytime Telephone Number

MailingAddress:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

StreetAddress:  
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

TALLAHASSEE, FL  
2022 JAN - 7 PM 1:42  
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

2. OREGON 47-2224423
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1439 BELFIORE WAY 1439 BELFIORE WAY
(Street Address of Principal Office) (Mailing Address)
WINDERMERE, FL 34786 WINDERMERE, FL 34786

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2022 JAN -7 PM 1:42
TALLAHASSEE, FL

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

Name: VLADISLAV RUDNITSKY
Office Address: 1439 BELFIORE WAY
WINDERMERE, Florida 34786
(City) (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)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>VLADISLAV RUDNITSKY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1439 BELFIORE WAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>WINDERMERE, FL 34786</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <b>AMBR</b>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>NATALIE RUDNITSKY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1439 BELFIORE WAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>WINDERMERE, FL 34786</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <b>AMBR</b>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE, FL

**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  
 VLADISLAV RUDNITSKY  
 \_\_\_\_\_  
 Typed or printed name of signer

((H22000009261 3)))

Jan. 5. 2022 2:51PM

No. 3142 P. 3/3

((H22000009261 3)))

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 763G248Q8

I, *SHEMLIA FAGAN, SECRETARY OF STATE*, and Custodian of the Seal of said State, do hereby certify:

**STRUCTURE REDEVELOPMENT, LLC**

is

Organized

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*



*SHEMLIA FAGAN, SECRETARY OF STATE*

1/5/2022

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