

10/28/21, 2:58 PM

Division of Corporations

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

From:  
Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.  
Account Number : I20010000202  
Phone : (941)954-4691  
Fax Number : (941)954-2128

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

Email Address: corporation@nhslaw.com

**Foreign Limited Liability Company  
COPECART AMERICAS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COPECART AMERICAS, 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:

JOHN M. COMPTON

Name of Person

NORTON HAMMERSLEY LOPEZ & SKOKOS

Firm/Company

1819 MAIN STREET, SUITE 610.

Address

SARASOTA, FL 34236

City/State and Zip Code

CORPORATION@NHLSLAW.COM

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

For further information concerning this matter, please call:

SARAH DAVIS

941

954-4691

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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

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. COPECART AMERICAS, LLC

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

2. DELAWARE

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

3. 87-3222369

(FEI number, if applicable)

4. OCTOBER 5, 2021

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

5. 5409 SIESTA COVE DRIVE

(Street Address of Principal Office)

SIESTA KEY, FLORIDA 34242

6. 5409 SIESTA COVE DRIVE

(Mailing Address)

SIESTA KEY, FLORIDA 34242

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

Name: JOHN M. COMPTON

Office Address: 1819 Main Street Suite 610

Sarasota

(City)

Florida 34236

(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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

VSEVOLOD ONYSHKEVYCH

5409 SIESTA COVE DRIVE  
SIESTA KEY, FLORIDA 34242

(Use attachments if necessary)

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)

JOHN M. COMPTON

Typed or printed name of signer

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is COPECART AMERICAS, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 614 DUPONT HWY NORTH, SUITE 210 (street), in the City of DOVER, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is URS AGENTS, LLC

By: 

Authorized Person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "COPECART AMERICAS, 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 SIXTH DAY OF OCTOBER, A.D. 2021.



6284839 8300

SR# 20213430139

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204341818

Date: 10-06-21