

M22000004702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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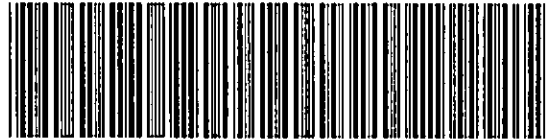
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2022 MAR 29 PM 6:12

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S. FRANKLIN

MAR 29 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Valda 90 OOD 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:

Valentin Nikolchev

Name of Person

Valda 90 OOD

Firm/Company

100 W. Plant Street

Address

Winter Garden Florida 34787

City/State and Zip Code

info@valda.bg

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

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For further information concerning this matter, please call:

Aleksandra Nikolcheva

+44

7495418555

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

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. Valda 90 OOD 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. Republic of Bulgaria  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. October 28, 2021  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 W. Plant Street  
(Street Address of Principal Office)

6. 100 W. Plant Street  
(Mailing Address)

Winter Garden Florida 34787

Winter Garden Florida 34787

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

Name: Peter Fleck

Office Address: 100 W. Plant Street

Winter Garden \_\_\_\_\_, Florida 34787  
(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.

Peter Fleck

(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 checked="" type="checkbox"/> Manager	Name: <u>Valentin Nikolchev</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 W. Plant Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Winter Garden Florida 34787</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Aleksandra Nikolcheva</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 W. Plant Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Winter Garden, Florida 3487</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**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

\_\_\_\_\_  
 Type or printed name of signer

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Valda 90 OOD  
5000 Veliko Tarnovo, Bulgaria  
S. N. Grabovski Str., ground floor  
9000 Varna, Bulgaria  
S. Bitolya Str.  
+359 883 600 760  
creativi@abv.bg



CREATIVI LTD  
5000 Veliko Tarnovo, Bulgaria  
S. N. Grabovski Str., ground floor  
9000 Varna, Bulgaria  
S. Bitolya Str.  
+359 883 600 760  
creativi@abv.bg

Превод от английски на български език

Certificate of Good Standing.

**Valda 90 OOD**

Г-н Д-р Димитър Богров  
1855 Долни Богров

Whom it May Concern,

It is a pleasure to inform you that VALDA 90 OOD is a legally recognised business entity in Bulgaria. We are pleased to inform you that VALDA 90 OOD's current and credit card records are of good standing with us. The company has been in operation since 1998 and has a clean and negative reputation.

We can confirm that VALDA has never missed a payment on their balance and has contributed locally to a variety of charity-related government projects.

The company began as a small start-up with 10 employees and has grown to 500 employees in 15 years.

The company has expanded throughout Bulgaria and is active in many areas, not just in Bulgaria.

This letter is being written on behalf of VALDA 90 OOD's long-standing reputation in Bulgaria.

Удостоверение за актуално правно състояние.

**„Валда 90“ ООД**

Кметство Долни Бгров  
1855 Долни Богров

Да послужи, където е необходимо.

С настоящото писмо ви уведомяваме, че „ВАЛДА 90“ ООД е законно признато юридическо лице в България. С удоволствие ви съобщаваме, че както текущата сметка, така и сметката на кредитната карта на Валда са изрядни при нас. Търговското предприятие не работи от 1998 г. и има отлична репутация.

Можем да потвърдим, че ВАЛДА никога не пропуска плащане по балансовите си стойности и е допринесла на местно ниво за различни правителствени проекти, свързани с благотворителност.

Дружеството започва дейността си като малко стартиращо предприятие с петима служители и през годините достига до 500 служители.

През годините дружеството се разраства в цяла Европа, не само в България.

Това писмо е написано от името на Валда, във връзка с дългогодишната ѝ репутация в България.

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28 MAR 2022

Vayn D. Izn Bogrov, Bulgaria

Кмет, Долни Ботров, България

Аз, одуподписателя Катина Иванова Панчева,  
удостоверявам верността на извършения от мен  
превод от английски на български език.  
Преводът се състои от 1 (една) страница

1. Превоспиту: Катина Иванова Петрова

*[Signature]*

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