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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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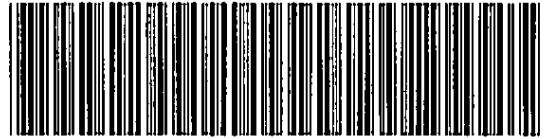
(Business Entity Name)

(Document Number)

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2022 MAR -8 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SALTON MATIC 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:

VLADIMIR KOROBAYNIK

\_\_\_\_\_  
Name of Person

SALTON MATIC LLC

\_\_\_\_\_  
Firm/Company

300 SUNNY ISLES BLVD, UNIT 2405

\_\_\_\_\_  
Address

SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

KOROBAYNIK73@GMAIL.COM

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

For further information concerning this matter, please call:

VLADIMIR KOROBAYNIK

754

3028639

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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. SALTON MATIC 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. DELAWARE 3. 86-1791965  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 SUNNY ISLES BLVD UNIT 2405 6. 300 SUNNY ISLES BLVD UNIT 2405  
(Street Address of Principal Office) (Mailing Address)

SUNNY ISLES BEACH, FL 33160

SUNNY ISLES BEACH, FL 33160

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

Name: VLADIMIR KOROBENYK

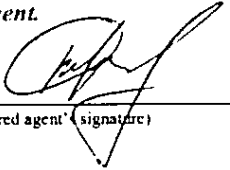
Office Address: 300 SUNNY ISLES BLVD UNIT 2405

SUNNY ISLES BEACH 33160  
(City) , Florida (Zip code)

FILED  
2022 MAR -8 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. 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: VLADIMIR KOROBEYNIK	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 300 SUNNY ISLES BLVD	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	UNIT 2405, SUNNY ISLES BEACH,	<input type="checkbox"/> Authorized	_____
Person	FL 33160	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 _____
 <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

VLADIMIR KOROBEYNIK

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "SALTON MATIC LLC",  
FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D.  
2021, AT 4:07 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

4884071 8100  
SR# 20220105123

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

Authentication: 202388084  
Date: 01-13-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:07 PM 01/27/2021  
FILED 04:07 PM 01/27/2021  
SR 20210245033 - File Number 4884071

**Certificate of Formation  
Of  
Salton Matic LLC**

**FIRST:** The name of the limited liability company is Salton Matic LLC.

**SECOND:** The address of its registered office in the State of Delaware is 1013 Centre Rd., Suite 403-A in the City of Wilmington, County of New Castle, 19805. The name of its Registered Agent at such address is American Incorporators Ltd.

**THIRD:** The purpose of the limited liability company shall be to engage in any lawful act or activity for which a limited liability company may be formed under the Limited Liability Company law of the State of Delaware.


**FOURTH:** The limited liability company shall have perpetual existence.

**FIFTH:** Management of the limited liability company is vested in the member(s) in accordance with their ownership interests, unless this is varied by the operating agreement. A limited liability company member may not assign, either wholly or partially, the right to participate in management without the written consent of all limited liability company member(s).

**SIXTH:** The name and mailing address of the person forming this limited liability company at the instruction of its member(s) is as follows:

Alessandra Koetitz  
1013 Centre Rd. Suite 403-A  
Wilmington, DE 19805

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Salton Matic LLC on January 27, 2021.

  
Alessandra Koetitz  
Organizer