

6/2/22, 12:02 PM

Division of Corporations

M220000008593

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.

(((H220001931413)))



H220001931413ABCX

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 : INTERSTATE FILINGS LLC
Account Number : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: ORDERS@INTERSTATEFILINGS.COM

Foreign Limited Liability Company DIRECT EQUITIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 JUN -2 PM 12:17

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUN 02 2022

(((H22000193141 3)))

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

Direct Equities Partner 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. MONTANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 7901 4th St N
(Street Address of Principal Office)

6. 7901 4th St N
(Mailing Address)

St Petersburg FL 33702

St Petersburg FL 33702

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

Name: Interstate Agent Services, LLC

Office Address: 100 SE 2nd Street Suite 2000 #209

Miami 33131
(City) Florida (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)

(((H22000193141 3)))

(((H22000193141 3)))

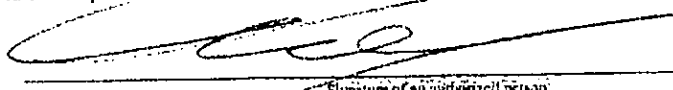
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>PELA ACQUISITION GROUP</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1123 Large Leaf Ln</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Hollywood FL 33021</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>MANAGING MEMBER</u>	<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.

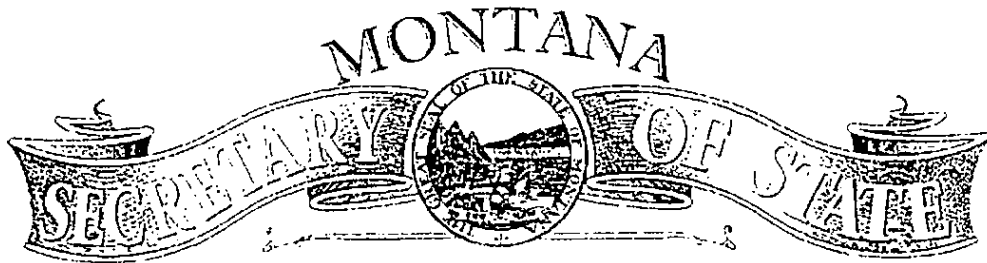


 Signature of an authorized person
 Alexey Simik

 Typed or printed name of signer

(((H22000193141 3)))

(((H22000193141 3)))



CERTIFICATE OF EXISTENCE

I, CHRISTI JACOBSEN, Secretary of State for the State of Montana, do hereby certify that:

DIRECT EQUITIES LLC

duly filed its Articles of Organization for Domestic Limited Liability Company in this office on May 26, 2022, and on that date was authorized to transact business in this state for a term of perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 2nd day of June, 2022.

A handwritten signature in cursive script, reading "Christi Jacobsen".

Christi Jacobsen
Montana Secretary of State

Certificate Number: 26891533

(((H22000193141 3)))