

M23000004663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

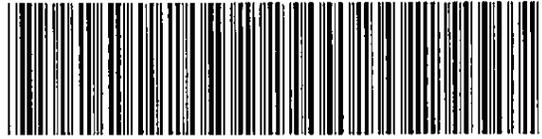
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 11 2023

2023 APR 11 AM 11:27 2023 APR 11 AM 11:43

ATTORNEY GENERAL'S OFFICE

APR 11 2023
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Apr. 6, 2023

Requestor Name: **Sergei Zubov**
LLC Name: **TESTPRESS LLC**
Principal / Mailing Address: **1814 SW 31ST AVENUE**
HALLANDALE, FL 33009
Phone Number: **786-569-3619**

Dear Sir or Madam,

I, Sergei Zubov, a managing member of Testpress LLC (Document # L22000461935) registered in Florida on Oct. 26, 2022, state that I filed for dissolution of Testpress LLC and have no intentions of reinstating the L22000461935. I would like to release the name "Testpress LLC" for purposes of registering a foreign LLC under this name.

Sergei Zubov

A handwritten signature in black ink, appearing to be 'Sergei Zubov', written over a horizontal line.

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:

TESTPRESS LLC

1. _____
(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.")
New York 87-1747976

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/06/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1814 SW 31st Ave. 1814 SW 31st Ave.

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Pembroke Park, FL 33009 Pembroke Park, FL 33009

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

Name: Sergei Zubov
1814 SW 31st Ave.
Office Address: Pembroke Park 33009
_____, Florida _____
(City) (Zip code)

2023 APR 11 AM 11:43
APPROVED
FILED

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)

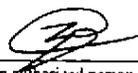
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Sergei Zubov</u>	<input type="checkbox"/> Manager	Name: _____
	Address: <u>1814 SW 31st Ave.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: <u>Pembroke Park, FL 33009</u>	<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 _____	<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

Sergei Zubov

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	TESTPRESS LLC
DOS ID Number:	6223237
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/19/2021
Statement Status:	CURRENT
Statement Due Date:	07/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on March 29, 2023 at 01:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State