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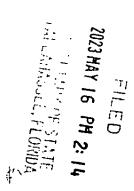
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COVER LETTER

cub u	TILENIUM LLC	
SUBJI		une of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liabilit ace, and check are submitted to register the abov	ty Company for Authorization to Transact Business in Florida," Certificate of the referenced foreign limited liability company to transact business in Florid
Please	return all correspondence concerning this matte	r to the following:
	ARTEM TROIANOVSKIY	
		Name of Person
	TILENIUM LLC	
		Firm/Company
	12514 NE 26TH ST.	
		Address
	VANCOUVER, WA, 98684	
		City/State and Zip Code
	mikhail@taxbureau.net	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please of	call:
	ARTEM TROIANOVSKIY	360 947-5525 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE S125.00 Filing Fee \$130.00 Filing Fee	EPARTMENT OF STATE

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: TILENIUM 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 "L.L.C," or "L.L.C," Washington (Jurisdiction under the law of which foreign lumited liability company is organized) (FEI number, if applicable) (Date first transacted business in Fforida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 12514 NE 26TH ST. (Street Address of Principal Office) VANCOUVER, WA, 98684 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ARTEM TROIANOVSKIY Name: 4013 Black Olive Ln Office Address: Hollywood 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.

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: ARTEM TROIANOVSKIY □ Manager Name: Name: □ Manager 12514 NE 26TH ST. **■**Member □Member Address: VANCOUVER, WA, 98684 □ Authorized □ Authorized Person Person Other____ Other____ Other____ Other Name: AZER KURBANLY □Manager □ Manager Name: _____ Address: 12514 NE 26th St **⊠**Member Address: □Member VANCOUVER, WA 98684 ☐ Authorized ☐ Authorized Person Person □Other___ □Other____ □Other □Other____ □Manager Name: Name: □ Manager □ Member Address: □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other____ □Other _____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. ARTEM TROIANOVSKI

Typed or printed name of signee

The State of Washington

Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TILENIUM LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/14/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

05/10/2023

UBI Number:

604 779 844

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 05/10/2023

