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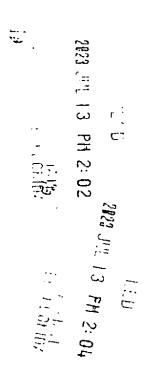
(Re	questor's Name)	
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T. LEMIEUX

COVER LETTER

TO: ੵ	Registration Section Division of Corporations	· le
SUBJE	BVA STORE LLC	
	N:	ame of Limited Liability Company
		ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please i	return all correspondence concerning this matte	er to the following:
	INESSA POZDNYAKOVA	
		Name of Person
	BVA STORE LLC	
		Firm/Company
	541 NE 32ND ST, STE, A	
	-	Address
	OAKLAND PARK, FL 33334	
		City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For furt	ther information concerning this matter, please	call:
	INESSA POZDNYAKOVA	305 457-3578 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: 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 D \$\Begin{array}{l} \$125.00 \text{ Filing Fee} & \Boxed{\sqrt{1}} \$130.00 \text{ Filing Certificate} \end{array}	DEPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iame mavailable, enter alternate name	adopted for the purpose of transacting business in Florid.	The alternate name must include "Limited Liability Co	ompany," "L. I. C." or	" 1.1 C
WYOMING				
Oursdiction under the law of which foreign limited liability company is organized: (FEI number, if ap		licable)	_	
	(Date first transacted business in Florida, if prior to regis (See sections 605-0904 & 605-0905, F.S. to determine p	tration (enalty liability)		
541 NE 32ND ST, STE, A		541 NE 32ND ST, STE, A		
Street Address of Principal Office)		6. (Mailing Address)		_
OAKLAND PARK, FL 33334		OAKLAND PARK, FL 33334	. 29 292	
			الت الت الت	
Name and <u>street address</u> of Name:	Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)	3 PH 2: 02	· · ·
Office Address:	541 NE 32ND ST, STE. A		•	
	OAKLAND PARK	. Florida		
	(City)	(7m : .la)		

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: INESSA POZDNYAKOVA Namer □Manager □Manager Name: □Member Address: □Member Address: 541 NE 32ND ST, STE, A ■Authorized □ Authorized OAKLAND PARK, FL 33334 Person Person □Other □Other □Other____ □Other ■ Manager Name: _____ □Manager Name: _____ □ Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other____ □ Other_____ □ Other____ □Other____ □Manager Name: _____ □Manager Name: _____ □ Member Address: Address: □ Member □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ DOther____ □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. Inessa Pozdnyakova____ INESSA POZDNYAKOVA

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

BVA STORE LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 9, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001266000**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of July, 2023 at 10:18 AM. This certificate is assigned ID Number 062745520.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.