M23000014555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100417270321

2023 NOV 14 NH 10: 114

2023 NOV 14 AM 11: 4:

RECEIVED

kuin 1 2 5 2053 ≺ Bramples



115 N CALHOUN ST., STE. 4 TAULAHASSTE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11	/14/2023	
	Jennifer	<u></u>
Reference #:	2174772	
	KIRILL 1	HE THRILL, LLC
✓ Articles o ☐ Amendm	of Incorporation/Authorization	on to Transact Business
☐ Change o		
Reinstate	ement	
Conversi	on	
☐ Merger		
Dissolution	on/Withdrawal	
Fictitious		
✓ Other	Upon filing p	lease provide a certified copy
Authorized Amo	unt:155.00	

F: +852,2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations				
	Kirill the Thrill, LLC				
SUBJI	CT:Name of Limited Liability Company				
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ee, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid				
Please	eturn all correspondence concerning this matter to the following:				
	Kirill Kaprizov				
	Name of Person				
	Kirill the Thrill, LLC				
Firm/Company					
	4401 NORTH FEDERAL HIGHWAY STE 201				
	Boca Raton, FL 33431				
	City/State and Zip Code				
	DMULLANEY@ADEPTUSCPAS.COM				
	E-mail address: (to be used for future annual report notification)				
For fur	ner information concerning this matter, please call:				
	Kirill Kaprizovat (212) 758-8055				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE. [\$125.00 Filing Fee				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		Thrill, LLC					
(Name of Foreign Lii	mited Liability Company: must include "l	Limited Liability C	ompany, L1, C,	or "LLC.)			
name unavailable, enter alternate name	e adopted for the purpose of transacting business	s in Florida. The alter	nate name must include	"Limited Liability Co	umpany," "L	L C," or	"L.L.C. ")
	elaware	3.	93-4217432				
(Jurisdiction under the law of which	n foreign hnuted hability company is organized)			(FEI number, if ap	phicable)		
	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to)	mor to registration)			_		
AAO1 NORTH EEI		determine penalty lial	olis) 4401 North	Federal High	hway		
4401 NORTH FEDERAL HIGHWAY (Street Address of Principal Office)		6	(Mailing Address)				
STE 201		_	STE 201				
Boca Raton, FL, 33431		_	Boca Raton, FL 33431			202	
Name and street address	of Florida registered agent: (P.O.	Box NOT acc	ceptable)		:	3 KOY	프공국
Name:	Kirill Kaprizov	. <u>.</u>				I H AMI	
Office Address: _	4401 NORTH FEDERAL H	te 201			4 th 10: 11 th		
	Boca Raton		, Florida	33431			
-	(City)			(Zip code)	-		
esignated in this application comply with the provision	nce: stered agent and to accept servic on, I hereby accept the appointm is of all statutes relative to the pi of my position as registered agen	ent as register coper and com	d agent and agi	ree to act in thi	is capacit	y. Ift	irther agre

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: Kirill Kaprizov Manager Name: ____ Address: 4401 North Federal Highway Member Member Member Address: ___ Suite 201 Authorized [] Authorized Boca Raton, FL 33431 Person Person Other____ Other___ Other__ Other____ Name: ____ Manager Name: Member Address: Address: Authorized Authorized Person Person Other____ Other Other Other_ Manager Manager Manager Member Address: _____ ∐ Member Address: Authorized Authorized Person Person __]Other_____ 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. Signature of an authorized person Kirill Kaprizov

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KIRILL THE THRILL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE NINTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIRILL THE THRILL, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204565616

Date: 11-09-23

2563579 8300 SR# 20233945394