

M23000015175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

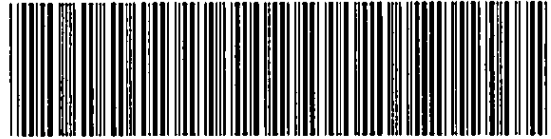
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SofiaMila, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LARYSA LESIK

Name of Person

SofiaMila, LLC

Firm/Company

18345 Ventura blvd, suite 414,

Address

Tarzana, California, 91356

City/State and Zip Code

sofiamila1108@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARYSA LESIK

818

532-8285

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

SofiaMila, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
n/a

(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.")
California 92-2505240

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

November, 20th, 2023

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

17275 Collins Ave

18345 Ventura Boulevard

5. _____
(Street Address of Principal Office)

Suite 602

6. _____
(Mailing Address)

Suite 414

Sunny Isles Beach, Florida, 33160

Tarzana, California, 91356

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

Larysa Lesik

Name:

17275 Collins Ave. # 602

Office Address:

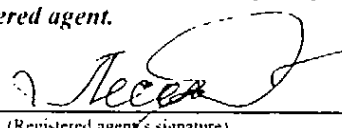
Sunny Isles Beach

33160

_____, Florida _____
(City) (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)

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HALL COUNTY CLERK

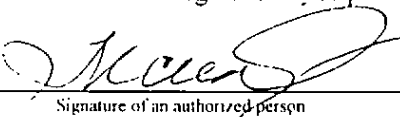
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Larysa Lesik</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark Lesik</u>
	<u>17275 Collins Ave, # 602</u>		<u>17275 Collins Ave, # 602</u>
<input type="checkbox"/> Member	Address: <u>Sunny Isles Beach, Florida, 33160</u>	<input type="checkbox"/> Member	Address: <u>Sunny Isles Beach, Florida, 33160</u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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
LARYSA LESIK

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SofiaMila, LLC
Entity No.: 202355011426
Registration Date: 02/09/2023
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 09, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 158070623

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search By Entity Name](#) /

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SofiaMila

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Entity Name List

Corporate Name	Document Number	Status
SOFIA MILAN HOLDINGS, INC.	F21000002430	InActive
SOFIA MISHAAN-SILBERMAN, PA	P22000033605	Active
SOFIA M. NOLAN, P.A.	P13000076863	Active
SOFIA MOTORS LLC	L23000067917	Active
SOFIA M. ROBIROSA LMFT, LLC	L14000041978	Active
SOFIA M. SOUTO, P.A.	P05000155923	INACT
SOFIA MUSIC ENTERPRISES, LLC	L12000060048	Active
SOFIA MVP INC	P06000017897	INACT
SOFIAN, LLC	L13000129352	INACT
SOFIAN INC.	P09000063039	INACT
SOFIA NAILS LLC	L17000259073	Active
SOFIA NAILS & SPA LLC	L10000034622	INACT
SOFIA NAILS SPA, LLC	L14000163160	InActive
SOFIA NANNY LLC	L23000002762	Active
SOFIA NAVARRO INC	P09000094310	INACT/UA
SOFIAN BEACH INC.	P10000060599	INACT
SOFIANCA TRUCKS & PARTS, CORP	P13000086402	INACT
SOFIANDRES101, LLC	L15000085208	Active
SOFIANDRES102, LLC	L15000085215	Active
SOFIANDRES13200 LLC	L18000155636	Active

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