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MAR 25 2024

T. LEMIEUX

MS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVINCOM LLC

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:

LYUBA YOUNG

Name of Person

COLLEGE, TAX AND RETIREMENT STRATEGIES, LLC

Firm/Company

3110 SPRING GLEN ROAD

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

LYUAB_TAXHELP@ATT.NET

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

For further information concerning this matter, please call:

LYUBA YOUNG

904

396-6777

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:

1. EVINCOM 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 "LLC.")

2. STATE OF NEBRASKA 3. 36-5046310
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 94 PEARL AARDON COVE 6. 94 PEARL AARDON COVE
(Street Address of Principal Office) (Mailing Address)
SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

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

Name: COLLEGE, TAX & RETIREMENT STRATEGIES, LLC
Office Address: 3110 SPRING GLEN ROAD
JACKSONVILLE, Florida 32207
(City) (Zip code)

2024 MAR 11 PM 2:26
CLERK OF STATE

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.

L V Young
(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]:

Title or Capacity:	Name and Address:
☒ Manager	Name: <u>EVGENII CHAPLYGIN</u>
☐ Member	Address: <u>94 PEARL AARDON COVE</u>
☐ Authorized	<u>SANTA ROSA BEACH, FL 32459</u>
☐ Person	<u></u>
☐ Other	☐ Other <u></u>

Title or Capacity:	Name and Address:
☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
☐ Person	<u></u>
☐ Other	☐ Other <u></u>

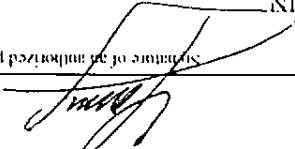
☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
☐ Person	<u></u>
☐ Other	☐ Other <u></u>

☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>
☐ Authorized	<u></u>
☐ Person	<u></u>
☐ Other	☐ 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

EVGENII CHAPLYGIN
Typed or printed name of signer

STATE OF NEBRASKA

United States of America, } ss. Secretary of State
State of Nebraska }
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

EVINCOM, LLC

was duly formed under the laws of Nebraska on December 12, 2022;

all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof, I have herunto set my hand and

affixed the Great Seal of the
State of Nebraska on this date of

March 1, 2024

Secretary of State

Robert B. Evnen

