M24000012214

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

Office Use Only



500436458325

09/17/24--01002--021 **180.00

RECEIVED

SEP 16 2024

3071 SEP 16 PH 11:40

COVER LETTER

	Ibrus Partners LLC						
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floric					
Please return al	I correspondence concerning this matter to	o the following:					
	Brandon Barrett						
	Name of Person						
	Elbrus Partners LLC						
	Firm/Company						
	170 Limewood PI, Unit 5						
	Address						
	Ormond Beach, FL 32174						
	City/State and Zip Code						
	bbarrett@elbruspartners.com						
	E-mail address: (to be	e used for future annual report notification)					
For further info	ormation concerning this matter, please ca	II:					
Brand	ion Barrett	410 2991564 at ()					
-	Name of Contact Person	at () 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					
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee \$\Bigcup \$130.00 Filing Fe						

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Elbrus Partners LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "L.L.C.," or "LLC.")			
Elbrus LLC						
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Liability Comp	any," "L.L.C," or "LLC.")		
State of Maryland						
(Jurisdiction under the law of which foreign limited liability company is organized)			(FE) number, if applical	nle)		
(Surfaceson district the law of w	total total and the state of th		11 Et namet, it appress	,		
	sory Clients with firm, is exempt under S	Section	517.021(14)(b)(8), FS)			
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration				
Elbrus Partners LLC	(See sections 605.0704 to 005.0705, 1.5, to determ	и решну	Elbrus Partners LLC			
5		6.	(Mailing Address)			
(Street Address of Principal Office)		,	(Mailing Address)			
4 Ascot Court			170 Limewood Pl, Unit 5			
Baldwin, MD 21013			Ormond Beach, FL 32174			
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	, 7, N, Z, H		
Name:	Brandon Barrett		<u> </u>	ZUZH SEP 16		
Office Address:	170 Limewood Pl, Unit 5			- - 		
	Ormond Beach		32174 , Florida	ի։ փ0		
	(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)

5. 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:
■Manager	Name:	□Manager	Name:	
■Member	Address:	□Member	Address:	
■Authorized	Ormond Beach, FL 32174	□Authorized		
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:	□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. 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

Brandon Barrett

Typed or printed name of signee

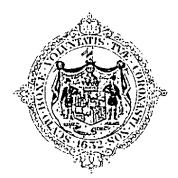
STATE OF MARYLAND Department of Assessments and Taxation

I. DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ELBRUS PARTNERS, LLC (W17940172), REGISTERED APRIL 11, 2017, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 12, 2024.

Daniel K. Phillips Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202 Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: XJRHT3_10KBXw73mN0PTw To verify the Authentication Code, visit http://dat.maryland.gov/verify