

11/25/2024 11:49:52

North Dakota Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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2024 NOV 25 11:53 AM
DIVISION OF CORPORATIONS
NORTH DAKOTA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**Foreign Limited Liability Company
GABRIELLA KOVALENKO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. LEMIEUX

NOV 26 2024

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:

Gabriella Kovalenko LLC

1. _____
(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. New Jersey 3. 050901952
(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. 7901 4th St N STE 300 6. 7901 4th St N STE 300
(Street Address of Principal Office) (Mailing Address)

St. Petersburg FL 33702 St. Petersburg FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Dmitry Kovalenko

(Registered agent's signature)

2024 NOV 25 PM 1:54
REGISTERED AGENTS INC
TALLAHASSEE, FL

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:☐ ManagerName: Kovalenko, Gabriella☒ MemberAddress: 7901 4th St N STE 300☐ AuthorizedSt. Petersburg FL 33702

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

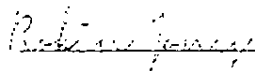
Person _____

☐ 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

Robin Jones

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

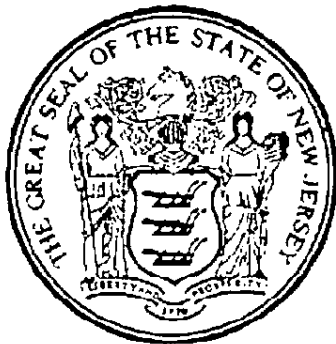
GABRIELLA KOVALENKO LLC
0450744998

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 27, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LEGALINC CORPORATE SERVICES INC.
330 CHANGEBRIDGE ROAD
SUITE 101
PINE BROOK, NJ 07058



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of November, 2024*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6159282984

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp