

B120000000107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

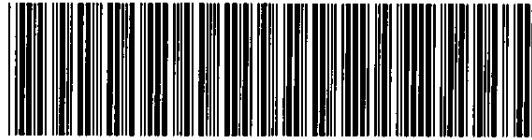
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/12--01003--017 **1050.00

RECEIVED
2012 MAY 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
12 MAY 25 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 25 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

STEPHEN MANDELL
1357 E. LAFAYETTE ST.
TALLAHASSEE, FL 32301

SUBJECT: HOTEL PERRY L.P.
Ref. Number: W12000028637

We have received your document for HOTEL PERRY L.P., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$1000.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 512A00015090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL PERRY L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

STEPHEN MANDELL

Contact Person

CARRIER SERVICES OF FLORIDA

Firm/Company

1357 E. LAFAYETTE ST.

Address

TALLAHASSEE, FL 32301

City, State and Zip Code

stephen.mandell@raboninsurance.com

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

For further information concerning this matter, please call:

STEPHEN MANDELL

at (**850**) **942-7323**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. HOTEL PERRY L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. CALIFORNIA

State or Country of Formation

3. 11/14/2009

Date of Formation

4. Federal Employer Identification Number 27-1315174

5. Name of Registered Agent for Service of Process and Florida Street Address:

CARRIER SERVICES OF FLORIDA

1357 E. LAFAYETTE ST.

TALLAHASSEE, FL 32301

6. 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.



Signature of Registered Agent

7. Principal Office:

1357 E. LAFAYETTE ST

TALLAHASSEE, FL 32301

8. Mailing Address:

SAME

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: RAO R. YALAMANCHILI

Street Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Mailing Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Name of General Partner: SUNITA KONERU

Street Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Mailing Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Name of General Partner: SRINIVAS YALAMANCHILI

Street Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Mailing Address: 224 S. SANTA ANITA AVE
ARCADIA, CA 91006

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____
 Mailing Address: _____ Mailing Address: _____

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TALLAHASSEE, FLORIDA**

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23RD day of MAY, 2012.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

| | |
|--|--|
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): | \$52.50 |
| Certificate of Status (optional): | \$8.75 |

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: HOTEL PERRY L.P.

FILE NUMBER: 200932200005
FORMATION DATE: 11/16/2009
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 May 24, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State

EMS