

FP19000001396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

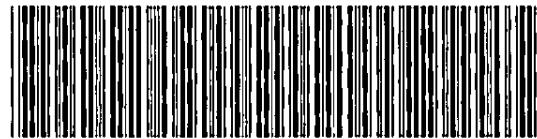
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAR 11 PM 1:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

BRUCE  
MAR 25 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Chandu, LLC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tom Bricker

Name of Person

Chandu LLC

Firm/Company

Chandy, LLC #189 14422 Shoreside Way, Suite 110  
Address

Address

Winter Garden, FL 34787

City/State and Zip code

rah Bricker 4@gmail.com

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

For further information concerning this matter, please call:

~~Sarah Bricker~~ Sarah Bricker at 94

at ( 949 )  
Area Code

280-8821

Daytime Telephone Number

**STREET/COURIER 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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

1  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Chandu, LLC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Chandu Mew, LLC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana, USA 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/8/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Chandu # 189 ; 14422 Shoreside Way, Suite 110  
above (Principal office address) Winter Garden, FL 34787  
(Current mailing address, if different)

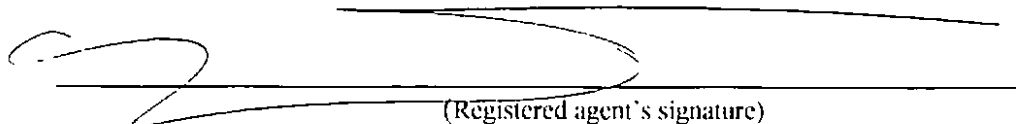
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sarah Bricker

Office Address: 16066 Bayou Crest Dr  
Winter Garden Florida 34787  
(City) (Zip code)

9. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: THOMAS BRICKER

Address: 16066 BAYOU CREST DR.

WINTER GARDEN, FL 34787

Vice President: SARAH BRICKER

Address: 16066 BAYOU CREST DR.

WINTER GARDEN, FL 34787

Secretary: THOMAS BRICKER

Address: (SEE ABOVE)

Treasurer: SARAH BRICKER

Address: (SEE ABOVE)

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. THOMAS BRICKER

(Typed or printed name and capacity of person signing application)

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2019 MAR 11 PM 1:01  
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DEPARTMENT OF  
TALLAHASSEE FLORIDA

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

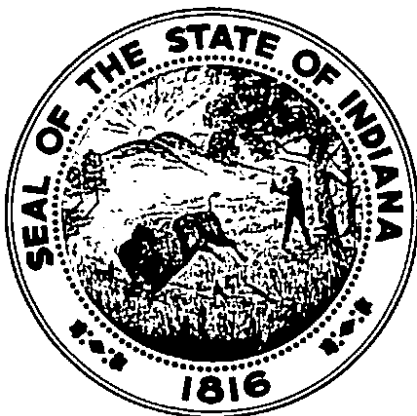
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CHANDU LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 08, 2013, and was in existence or authorized to transact business in the State of Indiana on February 26, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 26, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2013100800143 / 2019895860

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 28, 2019.