M06000004258

(Re	equestor's Name)	
(Ac	dress)	
(Ac	dress)	
(Ĉi	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
	M	1
j.	Office Use On	lv



500077649425

08/02/06--01011--023 **130.00





ATTORNEYS' TITLE	
Requestor's Name	
1965 Capital Circle NE, Suite A	22-2785 22-2785
Address	
Tallahassee, Fl 32308 850-2	22-2785
City/St/Zip Phone #	
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
1	
1- GOWRI, LLC	
2-	
2	
3-	
4-	
X Walk-in Pick-up time	e ASAP
Mail-out Will wait	Photocopy XXX Certificate of Status
	, notobopy
NEW FILINGS AMENDME	NTS
Profit Amenda	The state of the s
	ation of R.A., Officer/Director
Limited Liability Change	of Registered Agent
Domestication Dissolut	tion/Withdrawal
Other Merger	
OTHER FILINGS REGISTRA	TION/QUALIFICATION
Annual Report XXX Foreign	
Fictitious Name Limited	Partnership
Name Reservation Reinsta	tement
Tradem	ark
Other	
	
	Examiner's Initials
	Engineer o mesto



RECEIVED
06 AUG -7 AMII: 27

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2006

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: GOWRI, LLC Ref. Number: W06000034132



We have received your document for GOWRI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

We cannot accept a certified copy of your Delaware Articles. . .

The certificate that must be submitted along with your application is called a GOOD STANDING CERTIFICATE. An example of a Delaware standing certificate is attached.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 706A00048513

COVER LETTER

_	tration Section ion of Corporations		SECOND STATES
			15 S.
SUBJECT:	GOWRI, LLC		<u> </u>
	(Name of Lin	nited Liability Company)	V
Florida," Cer	* -	ability Company for Authorization to Tra ubmitted to register the above referenced	
Please return	all correspondence concerning this n	natter to the following:	
•			
-	John F. Ro		
	(Na	ame of Person)	
	5608 N.W.	43rd Street	
	(Fi	rm/Company)	
		(Address)	
	Gainesville	e, FL 32653	
	(City/S	tate and Zip Code)	
For further in	formation concerning this matter, ple	ease call:	
	John F. Roscow, IV	at (352) 373-7788	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
MAII	LING ADDRESS:	STREET ADDRESS:	
	ion of Corporations	Division of Corporations	
	Box 6327	Clifton Building 2661 Executive Center Circle	
I allat	nassee, FL 32314	Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee & Certificate o		ng Fee, Certificate Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GOWRI, LLC (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability (FEI number, if applica company is organized) June 22, 2006 perpetual (Date of Organization) (Duration: Year limited liability compar exist or "perpetual") 7/31/06 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3426 NW 43rd Street, #B, Gainesville, Florida, 32606 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here x 9. The name and usual business addresses of the managing members or managers are as follows: Perinchery Narayan, 3426 NW 43rd Street, #B, Gainesville, FL 32606 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate loan transaction Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Perinchery Narayan Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	E Limited Liability Company is:
<u> </u>	GOWRI, LLC
2. The name and	he Florida street address of the registered agent and office are:
	Perinchery Narayan
	(Name) 3426 N.W. 43rd Street, #B
	Gainesville, FL 32606
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	FL City/State/Zip
liability company a agent and agree to relating to the prop obligations of my p	as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes er and complete performance of my duties, and I am familiar with and accept the osition as registered agent as provided for in Chapter 608, Florida Statutes. Name (Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOWRI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4179190 8300

060730151

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of Sta AUTHENTICATION: 4949568

DATE: 08-03-06