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(Business Entity Name)	
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SECRETALY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRAANEEL LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
SHANMUGAPRIVA KARUNA KARAN (Name of Person)
PRAANEEL LLC
(Firm/Company)
508, SUN STONE CT. (Address) SSET 8 SOURCE CT. SSET 8 SSET 8 SSET 8 SOURCE CT. SSET 8 SOURCE CT. SSET 8 SOURCE CT. SSET 8 SSE
ORANGE PARK, FL - 32065 (City/State and Zip Code)
For further information concerning this matter, please call:
SHANMUGAPRIVA KARUNAKARU
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & B\$155.00 Filing Fee & B\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy}



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2007

SHANMUGAPRIYA KARUNAKARAN 508 SUN STONE CT. ORANGE PARK, FL 32065

SUBJECT: PRAANEEL LLC Ref. Number: W07000016272 SECRETARY OF STATE
TAIL AHASSEF FLORING

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We have received your document for PRAANEEL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 607A00022604

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 BLUINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. PRAANEEL LLC (Name of Foreign Limited Liability Company)
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-8331282 (EIN #) (FEI number, if applicable)
4. 01/19/2007 (Date of Organization) 5. PERPETURE (Duration: Year limited liability company will cease to exist or "perpetual")
6. NOT VET STARTED (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. SOR, SUN STONE CT,
ORANGE PARK, FL- 32 065 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
SHANMUGA PRIYA KARUNAKARAN EZ
508, SUN STONE CT,
ORANGE PARK, FLORIDA, - 32065.
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: SOFTWARE
CONSULTING, STAFFING, DEVELOPMENT.
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 penaltics of perjury that the facts stated herein are true.) SHANMUGAPRIYA KARUNAKARAN
SUDPINUODER VIT SUKVNAKARAN

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.

PRAB	NEEL	LLC	·····			_
2. The name and the	e Florida street a	ddress of the reg	gistered ag	ent and office are:		
	SHANMUG	A PRIVA		VNAKARAN	J SECT	07 APR
<u>50</u>)8, SUN Florida St	STONE rect Address (P.O.	CT, Box NOT A	CCEPTABLE)	_ SER	α
_0	RANGE		FL / State/Zip	32065	FLORIDA	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



1. The name of the Limited Liability Company is:

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

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "PRAANEEL, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED
SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED
TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF JANUARY, A.D. 2007, AT 9:53 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAANEEL, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2007.

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

A CONTRACTOR OF THE PARTY OF TH

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5528304

DATE: 03-22-07

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THE STATE OF

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Date of this notice: 03-05-2007

Employer Identification Number: 20-8331282

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

PRAANEEL LLC SHANMUGAPRIYA KARUNAKARAN SOLE MBR 508 SUN STONE CT ORANGE PARK FL 32065

2687

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-8331282. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 or Form 1024, Application for Recognition of Exemption and send to:

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.