Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM

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#### Foreign Limited Liability Company Snehta, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

A. LUNT NOV -8 2011 EXAMINER

\*RE-SUBMIT\* Please retain original filing date of submission



November 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SNEHTA, LLC REF: W11000056665

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete section 6.

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) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H11000264237 Letter Number: 611A00025233

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SECRETARY OF STATE

ALLAHASSEE, FLORIO

Please retain original filing and 32314

P.O BOX 6327 - Tallahassee, Flonda 32314

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The Belliance Constitution of the State of t
1. Snehta, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If nome unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2 Delaware 3, 45-2385864 (Jurisdiction under the law of which foreign limited liability company is organized) (Fitt number, if applicable)
4. 5/18/2011  (Date of Organization)  5. perpetual  (Duration: Year finited liability company will cease to exist or "perpetual")
6. Upon First transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 14899 Bellezza Lane  Naples, FL 34110  (Street Address of Principal Office)
Naples, FL 34110
(Street Address of Principal Office)
8. If limited flability company is a manager-managed company, check here 🗹 💢 💂 🔣
9. The name and usual business addresses of the managing members or managers are as follows:
14899 Bellezza Lane, Naples, FL 34110
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 tasker 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 each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Software
Development Company
Signature of a member or an authorized representative of a member.
(In accordance with section 608,008(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the fiets stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s.817.155, F.S.)
Farhan Yasin Typed or printed name of signee
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.

If unavailable, the alternate to be used	in the state of Florida is:	ZBÍ MOV SEGRIGI
2. The name and the Florida street add	ress of the registered agent and office are:	ARY SSE
C T Corporation System		OF STATE
***	(Name)	STATE LORID
1200 South Pine Island Roa	nd	Diu 7
Florida Stree	t Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Plantation	FL 33324	
	City/State/Zip	

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.

By: Kimberly Breunling
Assistant Secretary

\$ 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SNEHTA, 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 FOURTH DAY OF NOVEMBER, A.D. 2011.

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

DATE: 11-04-11