H12000021A3

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAY 1 5 2012
L. SELLERS

Office Use Only



600234735436

05/10/12--01023--025 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW • SINCE 1948

LAKE WALES (863) 676-7611 OR (863) 683-8942 FAX (863) 676-0643 P.O. Drawer 7608 Winter Haven, Florida 33883-7608 LAKELAND (863) 683-6511 OR (863) 676-6934 FAX (863) 682-8031

141 5TH STREET, NW • WINTER HAVEN, FL 33881 (863) 294-3360 • FAX (863) 299-5498

www.PetersonMyers.com

May 9, 2012

VIA FEDERAL EXPRESS

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

Re: AyurIndia, LLC, a Delaware limited liability company

Ladies and Gentlemen:

In connection with the above, enclosed for processing please find:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- 4. Delaware Certificate of Formation;
- 5. Delaware Certificate of Good Standing;
- 6. our check in the amount of \$160 representing the Filing Fee, Certificate of Status and certified copy; and
- 7. a self-addressed, stamped envelope for returning the Certificate and certified copy to me.

Thank you for your prompt attention to this request and please let me know if you need anything further in order to process the application.

Sincerely,

Marilyn O'Shea

Paralegal

mo enclosures



COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: AYURINDIA 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:
Debra L. Cline, Esquire
Name of Person
PETERSON & MYERS, P.A.
Firm/Company
P.O. Drawer 7608
Address
Winter Haven, FL 33883-7608
City/State and Zip Code
abraham@ayurindia.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debra L. Cline, Esquire at (863) 294-3360
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certificate of Status} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{160.00}\$ \text{Filing Fee, Certificate of Status} \text{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:

1. AYURINDIA, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and a consent of the managers or managing members adopting the alternate name. The alternate name must inclu Company," "L.L.C," "LLC.")		
2. DELAWARE 3. 45-2315476		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	ole)	
4. March 17, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability compexist or "perpetual")	pany will cease to	
6(Date first transacted business in Florida, if prior to registration.)		
(See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 6996 Piazza Grande Ave., Suite 217, Orlando, FL 32835		
(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:	
Catherine Abraham		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has fundamental than a fixed than some substitution of the certificate in the translation of the certificate under oath of the translator must be submitted.)		ards in
11. Nature of business or purposes to be conducted or promoted in Florida: food sale		
	12 SEC	
Catherenelftrala	MAY II RETAR Ahas	6 I
Signature of a member or an authorized representative of a membe (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation	144	केल्लांक्टन ह
penalties of perjury that the facts stated herein are true. I am aware that any false information su document to the Department of State constitutes a third degree felony as provided for in s.	ibmitted in a 🚟	
CATHER IN E ABACHEM	ATE DORID	•
Typed or printed name of signee	7 DA	

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.

FF	in the state of File side in
If unavailable, the alternate to be used	in the state of Florida is:
. The name and the Florida street add	dress of the registered agent and office are:
O Hand About	•
Catherine Abraham	
Catherine Abraham	(Name)
6996 Piazza Grar	(Name)
6996 Piazza Grar	(Name) nde Avenue, Suite 217

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.

\$ 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 "AYURINDIA 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 SEVENTEENTH DAY OF APRIL, A.D. 2012.

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

4955447 8300

120416510

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State $oldsymbol{AUTHENT}$ ATION: 9508644

DATE: 04-17-12