#11/2000006545

| (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: |
| |
| |
| |

Office Use Only



300241955853

11/26/12--01041--021 **125.00

FILED ...
2 NOV 26 PM I2: 38
EVEL WAY OF STATE

K.SALY EXAMINER NOV 2 7 2012

COVER LETTER

| | tion Section n of Corporations |
|--------------------|--|
| SUBJECT: | RAMA IN DUSTRIES USA LLC Name of Limited Liability Company |
| | Name of Limited Liability Company |
| | pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck 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: |
| | AMAR B. SHAH |
| | AMAR B. SHAH Name of Person |
| | |
| | Firm/Company |
| | PO BOX 357754 |
| | PO BOX 3 5775 Y Address |
| | GAINESUILLE, FL 32635 City/State and Zip Code |
| | City/State and Zip Code |
| | AMAR SHAHOS ILVER MICKOSHICLD. COM E-mail address: (to be used for future annual report notification) |
| - | E-mail address: (to be used for future annual report notification) |
| For further inform | nation concerning this matter, please call: |
| | |
| | AMAR B, 514AH at (352) 872 - 8200 Name of Person Area Code & Daytime Telephone Number |
| | Name of Person Area Code & Daytime Telephone Number |
| | NG ADDRESS: STREET ADDRESS: |
| | of Corporations Division of Corporations tion Section Registration Section |
| P.O. Bo | |
| | isee, FL 32314 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |
| Enclosed is a | check for the following amount: |
| | .00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of 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.

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. RAMA IN DUSTRIES USA 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 attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.") | |
| 2. STATE OF WYOM ING (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-076/96/ (FEI number, if applicable) | _ |
| 4. 6/18/12 (Date of Organization) 5. PERPETURE (Duration: Year limited liability company will cease to exist or "perpetual") | _ |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 701 CAUTH WEST 6219 BUILD SWITE # 174 V | |
| GAINCS VILLE, FL 32607 (Street Address of Principal Office) | FILED. 38 |
| 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: | ED. |
| AMAR B. SHAH | <u>အ</u> |
| GAINCSUILLE, FL 32607 | _ |
| GAINESUILE, FL 32607 | _ |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, 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: ANY AND AU | |
| LAWFUL BUSINESS | · |
| Amar Shah | |
| 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. I am aware that any 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.) | |
| AMAR B. SHAH | |

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 the Limited Liability Company is: |
|--|
| RAMA INDUSTRIES USA LLC |
| If unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| AMAR B. SHAH (Name) |
| 701 SOUTH WEST 62 NOT ACCEPTABLE) |
| 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.

(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Rama Industries USA LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 18, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000624237**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of November, 2012 at 2:34 PM. This certificate is assigned 012903322.



Max Malfield
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.