M13000000008

(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



700253333977

10/31/13--01003--016 **130.00

PARTIES AND ASSESSED AND TO SERVICE TO SERVI

STATE OF STA

2019 OCT 31 AH II: 31

NOV 0 1 2013

D. BRUCE

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	nerly CCRS)				
FILING COVER S ACCT. #FCA-23	БНЕЕТ					
CONTACT:	RICKY SOT	<u>'O</u>				
DATE:	10/31/2013					
REF. #:	<u>8943824</u>					
CORP. NAME:	KOTTOOR	HOLDINGS, LLC				
() ARTICLES OF INCO () ANNUAL REPORT (XX) FOREIGN QUALIFI () REINSTATEMENT () CERTIFICATE OF C () OTHER:	CATION	() ARTICLES OF AME () TRADEMARK/SER' () LIMITED PARTNEI () MERGER	VICE MARK RSHIP	() ARTICLES OF DIS () FICTITIOUS NAM () LIMITED LIABILI () WITHDRAWAL	E	
STATE FEES PR			BE DEBITED:	:	2013 OCT 31 A	
PLEASE RETUR	N:		COST LIMI	[T: \$	AHII: 35	
() CERTIFIED COPY		ERTIFICATE OF GOO	D STANDING	(XX) PLAIN STAMP	ED COPY	

Examiner's Initials

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. Kottoor Holdings, LLC		
(Name of Foreign Limited Liability Company; must in	include "Limited Liability Company," "L.L.C.," or "LLC.	")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company, "L.L.C," "LLC.")	surpose of transacting business in Florida and attach a copy alternate name. The alternate name must include "Limited	of the written d Liability
2. Delaware	3. 26-4045761	
(Jurisdiction under the law of which foreign limited liability company is organized)		
4. 01/14/2009	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability company will contain exist or "perpetual")	ease to
6. Upon qualification		
(Date first transacted business in	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)	
7. 5550 W. Idlewild Avenue, Suite 101, Tampa, Florida	da 33634	
(Street Addre	dress of Principal Office)	
8. If limited liability company is a manager-manag	aged company, check here	
9. The name and usual business addresses of the m	managing members or managers are as follows:	
Anil Kottoor, 5550 W. Idlewild Avenue, Suite 101, T	Tampa, Florida 33634	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	رن ن الا	3 -
10 40 1 11 11 12 12 1		The second
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photo		tody of records in
translation of the certificate under oath of the translator must be		ိုင်
11. Nature of business or purposes to be conducted	ed or promoted in Florida: All lawful business	
		·
Cla	h~	
Signature of a member or an	in authorized representative of a member.	
· · · · · · · · · · · · · · · · · · ·	e execution of this document constitutes an affirmation under the	
	are true. I am aware that any false information submitted in titutes a third degree felony as provided for in s.817.155, F	
Jay Green, Authorized Represe	- • •	-

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.

2. The name and the Florida street address of the registered agent and office are: Jay Green	1. The nam	e of the Limited Liabil	ity Company is:		
Jay Green (Name) 5550 W. Idlewild Avenue, Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE) Tampa, FL 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 are 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.	If unavailab	le, the alternate to be u	used in the state of Florida is:		
(Name) 5550 W. Idlewild Avenue, Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE) Tampa, Tampa, FL 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.	2. The nam	e and the Florida street	t address of the registered agent and office	; are:	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tampa, Tampa, Tity/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.		Jay Green			
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tampa, Tampa, FL 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 are 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.			(Name)		
Tampa, FL 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.		5550 W. Idlewild Av	venue, Suite 101		
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.		Florida	a Street Address (P.O. Box 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.		Tampa,	FI. 33634		
	liability com registered as statutes rela accept the of	spany at the place designent and agree to act in ting to the proper and obligations of my position	City/State/Zip Igent and to accept service of process for the gnated in this certificate, I hereby accept the n this capacity. I further agree to comply w complete performance of my duties, and I a on as registered agent as provided for in Ch	e appointment as $\frac{\omega}{\sin t}$ with the provisions of all am familiar with and $\frac{\omega}{\sin t}$ hapter 608, Florida	

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KOTTOOR HOLDINGS, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KOTTOOR HOLDINGS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2013 OCT 31 AM II: 35

4644823 8300

131254715

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 0856747

DATE: 10-31-13

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