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TO:

Registration Section Division of Corporations

COVER LETTER

| SUBJECT: LACHMAN ENTERPRISE 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: |
| DHAMENDAA LACHMAN |
| LACHMAN ENTERPRISE, LLC Firm/Company |
| 30 OVERBROOKE LANE LANE LANE |
| UPPEN BROOK VILLE, NY 11545 City/State and Zip Code |
| DHAMENDRAL @ AMS MAINLINE · Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DHAMENDA CACHMAN at (347) 854-9012 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: \$\Begin{array}{c} \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

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. LAC HM AN EN FEN PRISE LL C (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 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-3120968 (FEI number, if applicable) |
| 4. Augustation) 5. TELPehal (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 2008 BRENGLE AVENUER ORLANDO FL 32808-5604 (Street Address of Principal Office) |
| ORLANDO FL 32808-5604 em (Street Address of Principal Office) |
| (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: |
| DHAMENDRA LACHMAN - 30 OVERBROOKE LAGE |
| DHAMENDRA LACHMAN - 30 OVER BROOKE LAGE WIPER BROOKVILLE NY 1154 |
| |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Ling |
| 1 Commencial (Estato. |
| |
| 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.) |
| DHAMENDAS CACHENDA |
| 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: |
|--|
| LACHMAN Entenpara, UC |
| 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: |
| Maipaul Kamphal |
| (Name) |
| 135 - 06 TOPAZ LAME Count Florida Street Address (P.O. BOX NOT ACCEPTABLE) |
| ORLANDO FL 3282D |
| Chybracology Charles and Charl |
| 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 appointmentias 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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LACHMAN ENTERPRISE, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2013.

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You may verify this cartificate online at corp.delaware.gov/authrer.shtml

Jeffrey W. Bullock, Socretary of State
AUTHENTY CATION: 0850663

DATE: 10-29-13