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ON SERVICE COMPANY				
ACCOUN	IT NO. :	120000000195		
REFE	RENCE :	. Proces	161018	
AUTHORIZ	ZATION :	Sanel	Eleman	,
COST	LIMIT :	\$ 125.00	work.	
ORDER DATE : March 19,	2014			
ORDER TIME : 9:32 AM				
ORDER NO. : 063295-010	ı			
CUSTOMER NO: 7161018	1			
FOR NAME: THARANC	EIGN FILI		C. TAIS	·
XXXX QUALIFICATION (T		OOF OF FILING		
CERTIFIED COPY XX PLAIN STAMPED CO CERTIFICATE OF G		ING	80E 80A	്ച ന
CONTACT PERSON: Susie K	night	EXT# 52956		
		EXAMINER:		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY SINKS, IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TO	RANSACT BUSINESS IN THE STATE OF FL	ORIDA:
THARANCO GROUP LLC		
(Name of Foreign Limited Lia	ibility Company; must include "Limited Lia	bility Company," "L.L.C.," or "LLC.")
		business in Florida and attach a copy of the write alternate name must include "Limited Liability
2. Delaware	₃ 27-0636439	9
(Jurisdiction under the law of which company is organized)	h foreign limited liability	(FEI number, if applicable)
4	•	
(Date firs (See section	st transacted business in Florida, if prior to ons 605.0904 & 605.0905, F.S. to determine	registration.) penálty liability)
5. 99 Hook Road, #5		
Bayonne, NJ 07002		
	(Street Address of Principal Off	ice)
6. <u>99 Hook Road, #5</u>		
Bayonne, NJ 07002		,
	(Mailing Address)	
7. The name, title or capacity a	and address of the person(s) who has	s/have authority to manage is/are:
•	, , , ,	200
Haresh Tharani, Managing Memb	er	
99 Hook Road, #5		
Bayonne, NJ 07002		
	ch it is organized. (A photocopy is not accep	thenticated by the official having custody of records table. If the certificate is in a foreign language a
·	Signature of an authorized p	erson
penalties of perjury that	ion_605.0203, F.S., the execution of this docum the facts stated herein are true. I am aware the artment of State constitutes a third degree for	at any false information submitted in a
Haresh Th	_	, 177
	Typed or printed name of sign	ee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	GROUP LLC	Company is:	
If unavailable	e, the alternate to be used	I in the state of Florida is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	
	Corporation Service Co	ompany	
		(Name)	
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		City/State/Zip	
liability comp registered age statutes relati	any at the place designate ent and agree to act in thi. ing to the proper and comp	of and to accept service of process for the above ed in this certificate, I hereby accept the appoi is capacity. I further agree to comply with the plete performance of my duties, and I am fami is registered agent as provided for in Chapter 6	intment as provisions of all liar with and
	Corporation Service Cond	Reany / a Sue G. Knight	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Assistant Vice President

COVER LETTER

TO:

	Registration Section Division of Corporations	
SUBJECT:	T: THARANCO GROUP LLC	
	Name of Limited Liability Company	
The enclosed Existence, an	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificand check are submitted to register the above referenced foreign limited liability company to transact business in F	cate of Torida
Please return	irn all correspondence concerning this matter to the following:	
	Michael Goldsmith	
	Name of Person	
	Sills Cummis & Gross P.C.	
	Firm/Company	
	30 Rockefeller Plaza	
	Address	
	New York, NY 10112	
	City/State and Zip Code	
	mgoldsmith@sillscummis.com	
	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
Mici	ichael Goldsmith at (212) 500-1568	
	Name of Person at (212) 500-1568 Name of Person Daytime Telephone Number	
Divi Regi P.O.	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Iliahassee, FL 32314 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following amount: \$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "THARANCO GROUP 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 NINETEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THARANCO GROUP LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2009.

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

IALLAHAY HURLONIDA

4714497 8300

140353698

Jeffrey W Bullock, Secretary of State
AUTHENTY CATION: 1221604

DATE: 03-19-14

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