

M15000002071

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: vsaur@gmail.com

Foreign Limited Liability Company
SRISAI RE HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

REC-111

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

2015 MAR 19 AM 8:01

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **SRISAI RE HOLDINGS, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. **No business transacted in Florida prior to registration**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **3655 Pruneridge Ave , Apt 55, Santa Clara, CA 95051**

(Street Address of Principal Office)

6. **3655 Pruneridge Ave , Apt 55, Santa Clara, CA 95051**

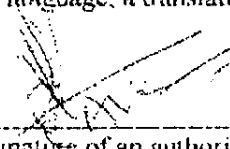
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Venkata Alladi, Managing Member

3655 Pruneridge Ave , Apt 55, Santa Clara, CA 95051

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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)


03-18-2015
Signature of an authorized person

(In accordance with section 605.0201, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct and that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.)

Venkata Alladi

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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**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.

1. The name of the Limited Liability Company is:

SRISAI RE HOLDINGS, 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:

Registered Agents Inc.

(Name)

3030 N. Rocky Point Dr., STE 150A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

FL 33607

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 605, Florida Statutes.



(Signature)

Bill Havre, President of Registered Agents Inc.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SRISAI RE 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 SEVENTEENTH DAY OF MARCH, A.D. 2015.

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


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SRISAI RE HOLDINGS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2015.



5695419 8300

150367582

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2206079

DATE: 03-17-15

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