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T. BROWN



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CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax 👍 www.ctcorporation.com

March 25, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9489916 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Vishal Cobb Marketfair, LLC (GA) Registration

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely:

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

DBJECT:	VISHAL COBB MARKETFAIR, LLC		
	Name of Limited Liability Company		
ne enclosed cistence, ar	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific d check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
ease return	all correspondence concerning this matter to the following:		
	SHIV K. AGGARWAL		
	Name of Person		
	VISHAL COBB MARKET FAIR LICE Firm/Company		
	5675 JIMMY CARTER BLVD. SWITE SOO		
	MORCROSS, RA 30071		
	City/State and Zip Code		
	aggarwalshiv@aol.com		
	aggarwalshiv@aol.com E-mail address: (to be used for future annual report notification)		
or further is	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:		
or further in	E-mail address: (to be used for future annual report notification)		
MA Div	E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: SHILL ASGARWAL at (404) 455-2473		
MA Div Reg	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: SHILL ASGARWAL at (404) 455-2473 Name of Contact Person Area Code Daytime Telephone Number HING ADDRESS: STREET ADDRESS: ision of Corporations Division of Corporations istration Section Registration Section		
MA Div Reg P.O	E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: SHILL ASGARWAL at (404) 455-2473		
MA Div Reg P.C Tal	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: SHILL ASGARWAL at (404) 456-2473		

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 BUSINESS IN THE STATE OF FLORIDA:

(Name of Poleign Limited Liability Company, mos	t include "Limited Liability Company," "L.L.C.," or "LLC.")
	e of transacting business in Florida. The alternate name must include "Limited
iability Company," "L.L.C," or "LLC.")	
Georgia	3. 27-1281943
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable) ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability) A 30071 ddress of Principal Office)
	<u> </u>
	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)
5675 Jimmy Carter Boulevard, Suite 500, Norcross G	A 30071
•	980 ×
(Street A	ddress of Principal Office)
5675 Jimmy Carter Boulevard, Suite 500, Norcross GA	. 30071
	9
	(Mailing Address)
7 705	
7. The name, title or capacity and address of the	person(s) who has/have authority to manage is/are:
	person(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the Shiv K. Aggarwal Sole member and manager	person(s) who has/have authority to manage is/are:
Shiv K. Aggarwal Sole member and manager	
Shiv K. Aggarwal Sole member and manager	
Shiv K. Aggarwal Sole member and manager	
Shiv K. Aggarwal Sole member and manager	
Shiv K. Aggarwal Sole member and manager 5075 Jimmy Carter Bouleward, S Attached is an original certificate of existence,	no more than 90 days old, duly authenticated by the official
Shiv K. Aggarwal Sole member and manager 5075 Jimmy Carter Boutevard, S Attached is an original certificate of existence, aving custody of records in the jurisdiction under	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not
hiv K. Aggarwal Sole member and manager 5075 Jimmy Carter Boulevard. 5 Attached is an original certificate of existence, aving custody of records in the jurisdiction undecceptable. If the certificate is in a foreign language	no more than 90 days old, duly authenticated by the official
hiv K. Aggarwal Sole member and manager 5675 Jimmy Carter Boulevard. 5 Attached is an original certificate of existence, aving custody of records in the jurisdiction undecceptable. If the certificate is in a foreign language	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not
hiv K. Aggarwal Sole member and manager 5675 Jimmy Carter Boulevard. 5 Attached is an original certificate of existence, aving custody of records in the jurisdiction undecceptable. If the certificate is in a foreign language	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not
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Shiv K. Aggarwal Sole member and manager 5075 Jimmy Carter Boulevard. S Attached is an original certificate of existence, aving custody of records in the jurisdiction undecceptable. If the certificate is in a foreign languarust be submitted)	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not age, a translation of the certificate under oath of the translator
Signature Sinv K. Aggarwal Sole member and manager Starts Boulevard, S Attached is an original certificate of existence, aving custody of records in the jurisdiction undeceptable. If the certificate is in a foreign langual nust be submitted) Signature	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not
Shiv K. Aggarwal Sole member and manager 5075 Jimmy Carter Boulevard. S Attached is an original certificate of existence, aving custody of records in the jurisdiction undeceptable. If the certificate is in a foreign langual nust be submitted) Signature n accordance with section 605.0203, F.S., the execution of this documents.	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not age, a translation of the certificate under oath of the translator of an authorized person and constitutes an affirmation under the penalties of perjuty that the facts stated herein are true

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:

ishal Cobb M	farketfair, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
. The name	e and the Florida street address of the registered agent and office are: C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	C T Corporation System			
	(Name)			
	1700 Carek Pire Tuland Pand			
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Piorida Sileet Address (1.0. Box NOT Accest Abias)			
	Plantation FI 33324			
	City/State/Zip			
ability com egistered ag tatutes relat	named as registered agent and to accept service of process for the above stated limited pany at the place designated in this certificate, I hereby accept the appointment as gent and agree to act in this capacity. I further agree to comply with the provisions of all ting to the proper and complete performance of my duties, and I am familiar with and bligations of my position as registered agent as provided for in Chapter 605, Florida			
	By: C T Corporation System Conine Buran Connie Bryan			
	(Signature) O Assistant Secretary			
	\$ 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 GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER
DATE INC/AUTH/FILED

DATE INC/AUTH/FILED : November 09, 2009 JURISDICTION : Georgia

JURISDICTION PRINT DATE

: March 25, 2015

: 09077912

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

VISHAL COBB MARKETFAIR, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

OF GEORGE

Brian P. Kemp Secretary of State

Tracking #: kBMl3Gaf