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15 MAY 20 PM 1: 06
SECRETARY OF STATE
SECRETARY SEER, FLORIDA

Fay 2 1 2015

T. HAMPTON

COVER LETTER

TO:

Registration Section

te enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floristence, and check are submitted to register the above referenced foreign limited liability company to transact becase return all correspondence concerning this matter to the following: Dharma Rao Kodali	da," Certif
Dharma Rao Kodali Name of Person Firm/Company 710 Olive Lane N Address Plymouth, MN 55447 City/State and Zip Code dharma@kodali.net E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dharma Rao Kodali Total Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	usiness in
Pirm/Company 710 Olive Lane N Address Plymouth, MN 55447 City/State and Zip Code dharma@kodali.net B.mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dharma Rao Kodali The please call: Dharma Rao Kodali Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	,
Plymouth, MN 55447 City/State and Zip Code dharma@kodali.net B-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dharma Rao Kodali The please call: Area Code MAILING ADDRESS: STREET ADDRESS:	
Address Plymouth, MN 55447 City/State and Zip Code dharma@kodali.net E-mail address: (to be used for future annual report notification) turther information concerning this matter, please call: Dharma Rao Kodali Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	_
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Address Plymouth, MN 55447 City/State and Zip Code dharma@kodali.net B-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: Dharma Rao Kodali 763 at (
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Name of Contact Person at (
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	
	r .
Division of Corporations Division of Corporations	
Registration Section Registration Section P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	
osed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee	

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 COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

Seedha Investments LLC	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "l	LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must include "Limited
Minnesota 273865824	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4 5/1/2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ASS 5
710 Olive Lane N	
·	鞋 2
Plymouth, MN 55447 (Street Address of Principal Office)	THE PIT
710 Olive Lane N	719 I
Plymouth, MN 55447 (Mailing Address)	TE O
	. >
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Neil Picart	
Office Address: 11973 Southern Blvd	
Royal Palm Beach Florida 33411	
(City) (Zip code)	
legistered agent's acceptance: Iaving been named as registered agent and to accept service of process for the above stated corporation at	the place decignated in
his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur	ther agree to comply
oith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fo the obligations of my position as registered agent.	umiliar with and accept
te configurous of my position as registered agent.	
(Registered agent's signature)	
3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Dharma R Kodali, Partner	
suseela Kodali, Partner	
	<u>. </u>
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cus	
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the fithe translator must be submitted)	e certificate under oath
Good bendali	
Signature of an authorized person	

degree felony as provided for in s.817.155, F.S.)

SUSEELA KODALI

Typed or printed name of signee

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

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Seedha Investments LLC

Date Filed: 10/29/2010

File Number: 4039046-2

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 05/15/2015



Oteve Vimon

Steve Simon

Secretary of State State of Minnesota