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FLORIDA DIVISION OF CORPORATIONS

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M15000004425

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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4000

FROM: GERALD WEINBERG, P.C.
CONTACT: KATHERINE E MITCHELL
PHONE: (800) 342-9856

ACCT#: I20030000043

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NAME: SVK-TIC LLC

AUDIT NUMBER.....H15000132808

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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2016

SVK-TIC LLC
12 GARDEN COURT
STATEN ISLAND, NY 10304

SUBJECT: SVK-TIC LLC
Ref. Number: M15000004425

To Whom It May Concern:

In a recent audit of our records we have determined that the original Application by Foreign Limited Liability for Authorization to Transact Business in Florida for SVK-TIC LLC, document number M15000004425, has been misplaced and has not been imaged for the official record.

The purpose of this letter is to ask you to furnish us with a photocopy of the application, so that we can complete our records.

Please send the copy to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Sean Toner

I hope this request is not too much of an inconvenience.

Should you have any questions regarding this matter, please feel free to contact me at (850) 245-6862.

Sincerely,
Sean Toner, Bureau Chief
Bureau of Commercial Information Services
Division of Corporations

Letter number: 116A00016637

AUGUST 15, 2016,

ENCLOSED PLEASE FIND THE REQUESTED COPY OF
THE APPLICATION BY FOREIGN LIMITED LIABILITY CO FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA.

PLEASE ACKNOWLEDGE RECEIPT AT (718) 979-1646 OR
BY E-MAIL : vvkonka@yahoo.com. THANK YOU.

FILED
Jun 05, 2015 08:00 AM
Secretary of State

**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. SVK-TIC 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. New York 3. 47-1355256
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1180 SOUTH OCEAN BLVD, UNIT 11F
BOCA RATON, FL 33432
(Street Address of Principal Office)

6. 12 GARDEN COURT
STATEN ISLAND, N.Y. 10304
(Mailing Address)

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

SUDARSANAM KONKA, SOLE MEMBER

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)

Sudarsanam Konka

Signature of an authorized person

(In accordance with section 605.0203, 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.)

SUDARSANAM KONKA

Typed or printed name of signee

**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:

SVK-TIC 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:

NEERA V KONKA
(Name)

1180 SOUTH OCEAN BLVD, UNIT 14F
Florida Street Address (P.O. Box NOT ACCEPTABLE)

BOCA RATON, FL 33432
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.

Neera V Konka
(Signature)

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