Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878~5368

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Foreign Limited Liability Company VIBRANT AMERICA, LLC

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Corporate Filing Menu

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7/24/2015 **Campan** JUL 2 7 2015

7/24/2015, 3:21:43 PN From: To: 8506176383(2/4)

COVER LETTER

TO:		stration Section ion of Corporation	ns				
SUBJE	CT: _	VIBRANT AM	ERICA, LLC				
			Name of i	imited Liability (Company		
The en-	closed ' ncc, and	'Application by For check are submitted	reign Limited Liability Comp ed to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," Certif company to transact business in	icate of Florida
Please	return a	ill correspondence o	concerning this matter to the	following:			
		JOHN J RAJA	SEKARAN				
			Na	ume of Person			
	VIBRANT AMERICA, LLC						
Firm/Company							
	1021 HOWARD AVENUE, SUITE - B						
Address							
		SAN CARLOS	S/CA 94070			_	
City/State and Zip Code							
		jj@m.vibrantsci.	com				
			E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther inf	ormation concerning	g this matter, please call:				
VASANTH JAYARAMAN			650 81 (508 826	50		
		Name o	of Contact Person	Area Code	Day	time Telephone Number	
	Divis Regis P.O.	LING ADDRESS; ion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: on Sections on Section uilding cutive Center Circle ee, FL 32301	
Enclos		theck for the follow 25.00 Filing Fee	ring amount: \$\int \text{S130.00} \text{ Filing Fee & Certificate of Status}	C \$155.00 Filin	ng Fee &	S160.00 Filing Fee, Certification Status & Certified Copy	ne

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 FOREKEY LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. VIBRANT AMERICA, 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.") 3. Not Applicable Delaware (Jurisdiction under the law of which fureign limited liability (FEI number, if applicable) company is organized) NOT APPLICABLE (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penulty liability) 1021 HOWARD AVENUE, SUITE - B SAN CARLOS, CA 94070 (Street Address of Principal Office) 1021 HOWARD AVENUE, SUITE - B SAN CARLOS, CA 94070 (Mailing Address) 7. Name and street_address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. - Jengr Wissl 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOHN J RAJASEKARAN, CEO 1021 HOWARD AVENUE, SUITE - B SAN CARLOS, CA 94070 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) (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.) JOHN J RAJASEKARAN

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AIR REPAIR FLORIDA, 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 SIXTEENTH DAY OF JULY, A.D. 2015.

5596383 8300

151047200

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

Peffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2562258

DATE: 07-16-15