### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

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#### Foreign Limited Liability Company 3G1K LLC

Certificate of Status Certified Copy 0 05 Page Count Estimated Charge \$125.00

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#### COVER LETTER

TO:	Registration Section Division of Corporations						
CUD IE	~ <b></b>	3G1K LLC					
SUBJEC	C1:	Name of Lim	ited Liability C	ompany		-	
The encl Existence	losed "Application by Foreign Lee, and check are submitted to re	Limited Liability Company egister the above reference	for Authorizat d foreign limite	ion to Tran	nsact Business in Florida, company to transact busi	" Certificate of ness in Florida.	
Please re	eturn all correspondence concert	ming this matter to the follo	owing:				
	Priti Shab						
		Name	of Person	· <del></del> -		-	
	Desai & Shah, PC, Cl	PAs					
	<u></u>	Firm/Company					
	19785 Crystal Rock I	19785 Crystal Rock Drive, Suite 304,					
	Address						
	Germantown MD 208	Firm/Company  85 Crystal Rock Drive, Suite 304,  Address  mantown MD 20874  City/State and Zip Code					
	· · · · · · · · · · · · · · · · · · ·	City/State	and Zip Code			<b>,</b>	
	priti@desaicpa.com						
	E-ma	ail address: (to be used for	future annual	report noti	fication)	-	
For furth	ner information concerning this r	matter, please call:					
	Priti Shah	st	301	528-559			
	Name of Cont		Area Code	Dayt	ime Telephone Number	-	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec			
		130.00 Filing Fee & 💢 🗖	\$155.00 Filing ertified Copy	g Fee &.	☐ \$160.00 Filing Fee, C of Status & Certified Co		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1		3GIK, LLC			
(Name of Fore	eign Limited Liability Company; mus	st include "Limited L	iability Company," "L.L.C.," or "	LLC.")	
Liability Company," "L.L.C,	ternate name adopted for the purpose " or "LLC.")	of transacting busing	ess in Florida. The alternate name	must include	"Limited
2. Maryland		3	47-4609425		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)		
J	N/A	····			
	(Date first transacted busine) (See sections 605.0904 & 605.	0905, F.S. to determ	to registration.) ine penalty liability)		
8815 CENTRE PARK	DRIVE Suite 400 COLUMBIA,	MD 21045			•
	(Street Address of P	rincipal Office)			
5. 8815 CENTRE PARK	DRIVE Suite 400 COLUMBIA,	MD 21045			
	A Chil				
	(Mailing A	,			
<ol> <li>Name and <u>street addres</u></li> </ol>	s of Florida registered agent: (P.	O. Box <u>NOT</u> acce	ptable)	57.0	
Name:	NRAI Services, Inc.		<u>.</u>		رى ع2:
Office Address:	1200 South Pine Island Road		<u>.                                    </u>	## ##	NON-
	Plantation		, Florida 33324	SSE	9
Registered agent's accep	(City)		(Zip code)	iπ <sub>c</sub> .	<u>→</u>
lesignated in this application complywith the provision	gistered agent and to accept servition, I hereby accept the appointmens of all statutes relative to the pay position as registered agent.  NRAI Services, Inc.  By:     encigen Vincent	ment as registered proper and comple	agent and agree to act in this	capabily:[]	jurther (
	(Registe	ered agent's signatur	2)		
8. The name, title or capa	city and address of the person(s)	who has/have auth	ority to manage is/are:		
Saurabh Naik	k, President; Himanshu Ai	min, Vice Pres	ident;		
,	, Treasurer; Shiva K Raja	isekhara, Seci	retary		
O. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 day of which it is organized. (If the ce	ys old, duly authen rtificate is in a ford	ticated by the official having cign language, a translation of	ustody of rec	ords in t e under c
	Signature	of an authorized pers	on		
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida tes a third degree fe	a Statutes, I am aware that any elony as provided for in s.817.1	false informa ISS, F.S.	ition
	Shiva K Rajas				
,		inted name of signer			

# STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT 3GIK, LLC, REGISTERED JULY 16, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 04, 2015.

Heidi Dudderar Associate Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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