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SULY OLUNG

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns ,					
SUBJI	Sunil C. Patel Immi	gration Law, LLC					
SUDJI	EC1:	Name of	Limited Liability	Company	····		
		reign Limited Liability Com ed to register the above refer					
Please	return all correspondence of	concerning this matter to the	following:				
	Sunil C. Patel,	Esq.					
		N	lame of Person				
	Sunil C. Patel 1	Sunil C. Patel Immigration Law, LLC					
	Firm/Company						
	5529 North Henry Blvd, Suite 300						
	Address						
	Stockbridge, G	A 30281					
	City/State and Zip Code						
	sunil@sunpatlaw	z.com					
		E-mail address: (to be use	d for future annua	l report notification	·		
For fur	ther information concerning	g this matter, please call:				constraint	
	Sunil C. Patel		77() at (	756-6056		atac: nast-test	
	Name o	f Contact Person	Area Code	Daytime Tel	ephone Number 🗢		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDR Division of Corpo Registration Section Clifton Building 2661 Executive C Tallahassee, FL 3	on 20 20 enter Circle	Ö	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filio Certified Copy		0.00 Filing Fee, Certi us & Certified Copy	ficate	

# 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:

	eign Limited Liability Company; must includ		
Liability Company," "L.L.C.	ilternate name adopted for the purpose of trans " or "LLC.")	sacting business in Florida. The alternate na	me must include "Limited
2. Georgia, USA	3	47-1521852	
	of which foreign limited liability	(FEI number, if applicable	e)
4. None			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	_
5. 5529 North Henry Blv			
Stockbridge, GA 3028	.1		
	(Street Address of Principal	Office)	<del></del>
6. 5529 North Henry Blve	<u></u>		
Stockbridge, GA 3028	1		
	(Mailing Address)		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	100 mg
Name;	Jonathan Aserraf c/o Offix Solutions L	LC	
Office Address:	7950 NW 53rd Street, Suite 337		
	Miami	, Florida 33166	Since on
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent.	s registered agent and agree to act in th	is capacity. I further agree
	(Registered and	n s signature)	<u></u>
8. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/are:	
Sunil C. Patel, Managing	member, 5529 North Henry Blvd, Suite 3	300, Stockbridge, GA 30281	
			***************************************
	***************************************	fulv authenticated by the official having	custody of records in the
9. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate ibmitted)	e is in a foreign language, a translation of	of the certificate under oath
urisdiction under the law of	of which it is organized. (If the certificate	e is in a foreign language, a translation of	of the certificate under oath
urisdiction under the law of	of which it is organized. (If the certificate	e is in a foreign language, a translation of	of the certificate under oath
urisdiction under the law of the translator must be su  This document is executed	of which it is organized. (If the certificate	thorized person  (b), Florida Statutes. I am aware that an	of the certificate under oath
urisdiction under the law of the translator must be su  This document is executed	of which it is organized. (If the certificate ibmitted)  Signature of an auti in accordance with section 605.0203 (1)	thorized person  (b), Florida Statutes. I am aware that an	of the certificate under oath

Control Number: 14076284

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### 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

## Sunil C. Patel Immigration Law, LLC

#### a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 of is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13111789 : 08/01/2014 : Georgia : 04/05/2016 : 211



Brian P. Kemp Secretary of State