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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ristike
W1600016073

Office Use Only

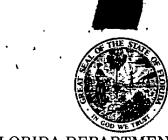


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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2016

LAKSHMAN DOMMARAJU 906 LACEY AVE, STE 200 LISLE, IL 60532

SUBJECT: BIO SPIRITS USA, LLC

Ref. Number: W16000076073

RECEIVE

We have received your document for BIO SPIRITS USA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 016A00024110

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations	S					
SUBJECT:	Bio Spirits USA LI	_C					
SOBJECT.		Name of Limited Liability Company					
The enclosed Existence, and	"Application by Fore d check are submitted	eign Limited Liability Compa I to register the above referen	iny for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busir	Certificate of ness in Florida	
Please return	all correspondence co	oncerning this matter to the f	ollowing:				
	Lakshman Don	nmaraju					
	Name of Person						
	Liberty Accounting Services Inc						
	Firm/Company						
	906 Lacey Ave Suite 200						
	Address						
	Liste, IL 60532						
City/State and Zip Code							
dommaraju@etaxaccountant.com							
	E-mail address: (to be used for future annual report notification)						
For further in	formation concerning	this matter, please call:					
Lakshman Dommaraju			630 at (452-29	992		
	Name of	f Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Bigsim \\$125.00\$ Filing Fee \$\Bigsim \\$130.00\$ Filing Fee & Certificate of Status			□ \$155.00 Filir Certified Copy	ig Fee &	\$160.00 Filing Fee, C of Status & Certified Co	ertificate py	

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: Bio Spirits USA, 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.") Delaware 81-4188915 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4864 Red Brick Run Sanford, FL 32771 (Street Address of Principal Office) Same (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: **TAMPA** . Florida (City) 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 Bill Havre/Assistant Secretary/Registered Agents Inc (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: CHIEF EXECUTIVE OFFICER 1. Kishore Reddy Pula, 3752 Sunburst Lane, Naperville, IL 60564 🝝 2. Damodara Kunche, 3210 Wynnfield Dr West, Mobile, AL 36695 CHIEF OPERATING OFFICER 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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kishore Reddy Pula, CEO

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIO SPIRITS USA 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIO SPIRITS USA LLC" WAS FORMED ON THE ELEVENTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203246982

Date: 10-28-16

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