(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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K. SALY FEB 2 2 2017

## ' COVER LETTER

TO:

Registration Section

Divisi	on of Corporations		
\ \ \	ISHESH, LLC		
SUBJECT: _	Name of	Limited Liability	Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Comcheck are submitted to register the above refer	pany for Authoriza enced foreign limi	ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida
Please return al	ll correspondence concerning this matter to the	following:	
	WILLIAM E. BONNER		
•	N	ame of Person	
	International Tax & Commerce Advisors, l	LLC	
	F	irm/Company	
	12025 RIVERHILLS DR.		
		Address	
	TAMPA, FL. 33617		
	City/S	State and Zip Code	2
	BONNERBBC@AOL.COM		
	E-mail address: (to be use	d for future annua	l report notification)
For further info	ormation concerning this matter, please call:		
WILI	LIAM E. BONNER	813 at (	871-0040
	Name of Contact Person	Area Code	Daytime Telephone Number
Divisi Regisi P.O. E Tallah	LING ADDRESS: on of Corporations tration Section Box 6327 nassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	heck for the following amount: 25.00 Filing Fee  \$\Bigsim \frac{1}{2}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	

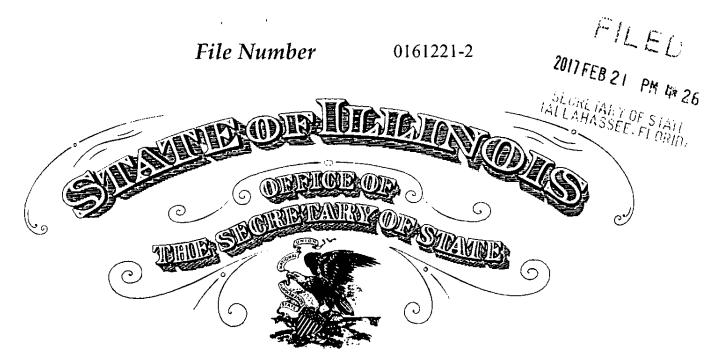
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

f name unavailable, enter a	Iternate name adopted	I for the purpose of transact	ting business in Florida. The alternate	name must include "Limited
iability Company," "L.L.C, ILLINOIS	" or "LLC.")	20-	-3412279	
(Jurisdiction under the law	of which foreign limi		(FEI number, if applied	able)
company is organized)	_			
	(Date first tra	ansacted business in Florida	a, if prior to registration.) to determine penalty liability)	
12025 DIVEDIM LE		05,0904 & 605,0905, F.S. t	to determine penalty liability)	
12025 RIVERHILLS	DR.			
TAMPA, FL. 33617				2017FEB 21
		eet Address of Principal Of	tice)	一片五十
12025 RIVERHILLS I	OR.			
TAMPA, FL. 33617				105E
		(Mailing Address)		Trust Pr
Name and street address	ss of Florida register	red agent: (P.O. Box N	OT acceptable)	20 🕷
Name:	International Tax	& Commerce Advisors,	LLC	26
			<u></u>	
Office Address:	12025 RIVERHII	LLS DR.		·
Office Address:	12025 RIVERHII	LLS DR.	Florida 33617	•
egistered agent's accep	TAMPA	(City)	Florida 33617 (Zip code	
egistered agent's accep aving been named as re esignated in this applica	TAMPA  tance: egistered agent and tion, I hereby acceptions of all statutes r	(City)  to accept service of proop  the appointment as re- celative to the proper and		iability company at the pla or this capacity. I further a
egistered agent's accep aving been named as re esignated in this applica complywith the provisi	TAMPA  tance: egistered agent and tion, I hereby acceptions of all statutes r	(City)  to accept service of proop  the appointment as re- celative to the proper and	(Zip code cess for the above stated limited less for the above stated limited less teres agent and agree to act in a complete performance of my di	iability company at the pla or this capacity. I further a
egistered agent's accep laving been named as re esignated in this applica complywith the provisi ecept the obligations of	TAMPA  tance:  gistered agent and tion, I hereby accepons of all statutes remy position as regis	(City)  to accept service of proop  the appointment as re- celative to the proper and  stered agent.  (Registered agent's	(Zip code cess for the above stated limited legistered agent and agree to act in demplete performance of my disconnections as signature)	iability company at the pla or this capacity. I further a
egistered agent's acceptaving been named as reesignated in this applicate complywith the provisic ecept the obligations of the contact of the	TAMPA  stance: registered agent and tion, I hereby access of all statutes registery position as registerity and address of	(City)  to accept service of proop  the appointment as re-  relative to the proper and  stered agent.  (Registered agent's	(Zip code cess for the above stated limited less for the above stated limited less teres agent and agree to act in a complete performance of my di	iability company at the pla or this capacity. I further a
egistered agent's accept aving been named as reesignated in this applicate complywith the provisic exept the obligations of the control of th	TAMPA  tance:  rgistered agent and  tion, I hereby accepons of all statutes r  my position as regis  acity and address of  MGRM - 1709 SAI	(City)  to accept service of proop the appointment as relative to the proper and stered agent.  (Registered agent's the person(s) who has/handrew DR., VE	(Zip code cess for the above stated limited legistered agent and agree to act in demplete performance of my dissignature) ave authority to manage is/are: RNON HILLS, IL. 60061	iability company at the pla or this capacity. I further a
egistered agent's accept aving been named as reesignated in this applicate complywith the provisic exept the obligations of the control of th	TAMPA  tance:  rgistered agent and  tion, I hereby accepons of all statutes r  my position as regis  acity and address of  MGRM - 1709 SAI	(City)  to accept service of proop  the appointment as re-  relative to the proper and  stered agent.  (Registered agent's	(Zip code cess for the above stated limited legistered agent and agree to act in demplete performance of my dissignature) ave authority to manage is/are: RNON HILLS, IL. 60061	iability company at the pla or this capacity. I further a
egistered agent's accept aving been named as reesignated in this applicate complywith the provisic exept the obligations of the control of th	TAMPA  tance:  rgistered agent and  tion, I hereby accepons of all statutes r  my position as regis  acity and address of  MGRM - 1709 SAI	(City)  to accept service of proop the appointment as relative to the proper and stered agent.  (Registered agent's the person(s) who has/handrew DR., VE	(Zip code cess for the above stated limited legistered agent and agree to act in demplete performance of my dissignature) ave authority to manage is/are: RNON HILLS, IL. 60061	iability company at the pla or this capacity. I further a

Typed or printed name of signee

ASHISH KATHURIA



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VISHESH LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of JANUARY A.D. 2017

Authentication #: 1701803076 verifiable until 01/18/2018
Authenticate at: http://www.cyberdriveillinois.com

. SECRETARY OF STATE