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SECRETARY OF STATE OF THE SECRETARY OF FLORIDA 17 APR 20 PM 2: 16

APR 21 2017 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

IRLECT. Yerra Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Donna M. Chelel

Name of Person

Yerra Solutions, LLC

Firm/Company

101 Park Ave, Suite 1

Address

Hoboken, NJ 07030

City/State and Zip Code

donna.chelel@yerrasolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna M. Chelel

ຸ 201

656-1200

Name of Contact Person

Area Code

Daytime 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:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & 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:

	Limited Liability Company; must include "Limited		
	name adopted for the purpose of transacting business in Flori		ability Company," "L.L.C," or "LLC.")
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		3. 81-3851913 (FEI number, if applicable)	
(Is a second of the secon	(7.23.0)	work is approadicy
	{Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.)	
101 Park Ave	(See Sections 605.0904 & 605.0905, F.S. to determin	6. 101 Park Ave	
(Street Address of	Principal Office)	(Mailing Ad	dress)
Unit 1		Unit 1	
Hoboken, NJ 070	930	Hoboken, NJ 07030	
Name and street addre	ss of Florida registered agent: (P.O. Box National Corporate Research	NOT acceptable)	
	•		R 27
Office Address:	115 North Calhoun St. Suite 4	· · · · · · · · · · · · · · · · · · ·	0
aving been named as re signated in this applica comply with the provis	Tallahasee (City) otance: egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper of the my position as registered agent.	registered agent and agree to ac	d liability company at the plating this capacity. I further a
aving been named as re signated in this applica comply with the provis	(City) otance: egistered agent and to accept service of parties, it in the proper accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	(Zip co rocess for the above stated limite registered agent and agree to ac and complete performance of my	d liability company at the pa
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signated in this application comply with the provisated accept the obligation. The name, title or capacity: President Use attachments if necessary acceptions acception.	cotance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. (Registered agent's signature and address of the person(s) who has Name and Address: Rajitha Boer 101 Park Ave Suite 1 Hoboken, NJ 07030 e of existence, no more than 90 days old, do of which it is organized. (If the certificate	(Zip corrocess for the above stated limite to registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are: Title or Capacity: duly authenticated by the official he is in a foreign language, a translated is in a foreign language.	d liability company at the plat in this capacity. I further of duties, and I am familiar w Name and Address:

Typed or printed name of signee

Donna M. Chelel

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limi	ted Linbility Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC.	
	idopted for the purpose of transacting business in I	Toride. The alternate came must include "Limited L	isbility Company." "L.L.C." or "LLC.")
2. Delaware	oreign limited liability company is organized)	3. <u>81-3851913</u>	mber, if applicable)
(vermereitt millet fret mas at aufürti s	oreformitat mounty confetty is differently	() L. (a)	sener: 11 selement
4	(Date first transacted business in Florids, if prior	la reeditation)	,,.
404 Deals Asses	(See sections 605.0904 & 605.0905, F.S. to deter	rmine penalty liability)	
5. 101 Park Ave	pal Office)	6. 101 Park Ave	ddress)
Unit 1		Unit 1	
Hoboken, NJ 07030	Hoboken, NJ 07030)
7. Name and street address of	FFlorida registered agent: (P.O. Be	ox NOT accentable)	4
	ational Corporate Researc		17 NPR 20
Office Address: 1	15 North Calhoun St. Suite	4	70
Ţ	allahasee	, Florida 32301	nde) ??
Registered agent's acceptan	(City)	(Zip c	xxde)
		f process for the above stated limit	ed liability company at the place
designated in this application	. I hereby accent the appointment		voling any at the prese
		' es regisierea agent ana agree to a	ct in this capacity. I further agree
to comply with the provisions	of all statutes relative to the prop	er and complete performance of m	ct in this capacity. I further agree y duties, and I am familiar with
to comply with the provisions and accept the obligations of	of all statutes relative to the prop my position as registered agent.	er and complete performance of m	ct in this capacity. I further agree y duties, and I am familiar with
to comply with the provisions of and accept the obligations of	of all statutes relative to the prop	er and complete performance of m	ct in this capacity. I further agree y duties, and I am familiar with ———
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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 "YERRA SOLUTIONS, 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 SEVENTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YERRA SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2016.

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





6053480 8300 SR# 20172553829 Authentication: 202386404

Date: 04-17-17