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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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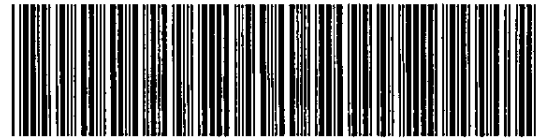
(Business Entity Name)

(Document Number)

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APR 26 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Khurana 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:

PRAVEEN KHURANA
Name of Person

Khurana LLC
Firm/Company

21 Tusculwilla Dr
Address

Charles Town W 25414
City/State and Zip Code

Praveen@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

praveen khurana at (304) 839-1721
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2017

PRAVEEN KHURANA
21 TUSCAWILLA DR
CHARLES TOWN, WV 25414

SUBJECT: KHURANA LLC
Ref. Number: W17000032221

We have received your document for KHURANA 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00007202

2017 APR 25 PM 12:46
TALLAHASSEE, FL 32314

**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:

1. KHURANA 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.")

2. West Virginia 3. 2257-1678
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/6/17
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____

21 Tusculwille Dr Charles Town WV 25414
(Street Address of Principal Office)

6. _____

(Mailing Address)

* 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alicia Palacios

Office Address: 531 One Center Blvd apt 203
Altamonte Springs, Florida 32701
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Praveen Khurana Manager (mgr)
21 Tusculwille Dr
Charles Town WV 25414

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)

Pr Khurana
Signature of an authorized person

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.

Praveen Khurana
Typed or printed name of signee

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the State of
West Virginia, hereby certify that*

KHURANA LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on June 27, 2011. The application was received and found to conform to law.

The company is filed as a term company, for the term ending December 31, 2040.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:4WV3E_TW8Q5



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of*

April 07, 2017

Mac Warner

Secretary of State