

MI7000003860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

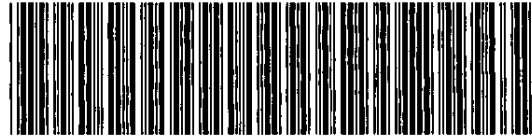
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

MAY - 5 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sai Technologies 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:

**My Corporation Business Services, Inc.**

Name of Person

Firm/Company

**26025 Mureau Road Suite 120**

Address

**Calabasas, CA 91302**

City/State and Zip Code

**processing@mycorporation.com**

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

For further information concerning this matter, please call:

**Processing Department** at **877** **692-6772**

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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Sai Technologies 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. Tennessee

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

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

5. 8295 Tournament Dr Ste 150 Memphis, TN 38125

(Street Address of Principal Office)


6. 8295 Tournament Dr Ste 150 Memphis, TN 38125

(Mailing Address)

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

Venkata Sivaprasad Koya - AMBR - 8295 Tournament Dr Ste 150 Memphis, TN 38125

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in § 817.05, F.S.)

Venkata Sivaprasad Koya, AMBR

Typed or printed name of signee

FILED  
17 MAY - 4 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Sai Technologies LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Legalinc Corporate Services Inc.

(Name)

5237 Summerlin Commons, Suite 400

Florida Street Address (P.O. Box NOT ACCEPTABLE)

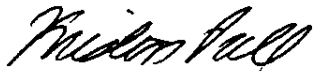
Fort Myers

33907

FL

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*



(Signature)

Kristin Prell, Manager

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
17 MAY -4 PM 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**VENKATA S KOYA**

May 1, 2017

150

8295 TOURNAMENT DRIVE

MEMPHIS, TN 38125

**Request Type: Certificate of Existence/Authorization**

**Issuance Date: 05/01/2017**

**Request #: 0236392**

**Copies Requested: 1**

**Document Receipt**

**Receipt #: 003353876**

**Filing Fee: \$20.00**

**Payment-Credit Card - State Payment Center - CC #: 3701238794**

**\$20.00**

**Regarding: Sai Technologies LLC**

**Filing Type: Limited Liability Company - Domestic**

**Control #: 629646**

**Formation/Qualification Date: 04/21/2010**

**Date Formed: 04/21/2010**

**Status: Active**

**Formation Locale: TENNESSEE**

**Duration Term: Perpetual**

**Inactive Date:**

**Business County: SHELBY COUNTY**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Sai Technologies LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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