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	To: Division of Corporations Fax Number : (850)617-6383 From:	SECKETAR			
	Account Name : GULATI LAW Account Number : I20130000014 Phone : (407)900-5054 Fax Number : (407)517-4931	ED M 9 19			
	**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.* Email Address: Office & Guar aw . Com	futu jie * 			
12:h	Foreign Limited Liability Company JIMMY MARKETING, LLC				
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P.002/005

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COVER LETTER

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TO: **Registration Section**

Division of Corporations

SUBJEC

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:



For further information concerning this matter, please call:

Enclo

Name of Contact Person	at (<u>407</u>) <u>200 - 5054</u> Area Code Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

\$125.00 Filing Fee □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate 🛄 \$130.00 Filing Fee & of Status & Certified Copy Certificate of Status Certified Copy

P.003/005

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

mini include Limited Liability Compeny." "LLC." of "LLC.") -17 (if same unavailable, enter alternate nomdopted for the purpose of transacting business in Fibrids. The altornate name include "Limited Liability Company," "L.L.C," or "LLC," 2 3. (FE) number, if applicable la creanbred ð 6. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ILEL Name: Office Address: Florida Zocode Registered agont's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company of 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. 100 -11 \mathbf{v} 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address Name and Address: Title or Capacity: Title or Capacity: (LIMDEr (Use attachments if necessary)

9. Attached is a contificate of existence, no more than 90 days old, duly authenticated by the official having outpdy of records in the juriadiction 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)

Signature of an ex

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fatse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.B17.155, F.S.

CHETAN S. PATEL Typed or printed name of signee .1;

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	11		
	ગુજરાત વાસિવિયક વેરા Rujeret Commercial Tex	,	TH
	COMMER	RNMENT OF GUJARAT CIAL TAXES DEPARTMENT FORM 102 (See Rule 6) CATE OF REGISTRATION	TALLAHASSE
This is		ARAT VALUE ADDED TAX ACT 2003 nerein has been registered under Gujars	at Value Added Tax Act
Regi	stration No. : 2407500134	B Date of effect : 16-OCT-2003	
1	Name of the business/dealer :	JIMMY MARKETING	<u></u>
2	Address of Chief Place of Bus	hess: 3,Namarayan Estate,Nr.Mahala Isanpur Road,Narol,Ahmedaba	axmi Təxtiles,,Narol- d,07,Ahmedabad-3824(
	City :	AHMEDABAD	
	Taluka :		
	District :	AHMEDABAD	
3	Nature of Business :	Reseller	
4	Additional places of business; Annexure)	See	
Seal:		∖.€ Signatu Verified Comme	rcial Tax
	Commercial Tex	Departn Date: 25 Signature	1én1 3.04.2017
Place:		-	
	26/04/2017	Designation ANNEXURE	

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- Correspondence with the C.T. Department

- Your Tax returns

It is compulsory for every registered dealer to display conspicuously the Certificate of Registration or a copy thereof at each place of business as per the provision of Rule 7 of the Gujarat Value Added Tax Rules, 2006.

Separate copy of Certificate of registration for each additional place of "business/branch/godown is enclosed,

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Gujerat	तः साथितिमधः देश टिव्वामनोद्ये। र्गव्य ANNEXURE - ADDITIONAL PLACE OF BUSINESS	
Firm Name :	JIMMY MARKETING	
rin :	24075001343	
Date of Effect :	16-OCT-2003	
Additional Place o	f Business :	
Sr.No. Descrip	llon of Branch	
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	·	TALLAHASS
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