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COVER LETTER

TO:

Registration Section

Divisio	n of Corporations					
SUBJECT:	PANDE	Y MOTEL Name of	SERVICE	SL	. L C	
		Name of	Limited Liability C	Company		
					insact Business in Florida," C y company to transact busine	
Please return all	correspondence cond	cerning this matter to the	e following:			
	JOHN	SEARBY				
		ì	Name of Person			
	PANDE	HOTEL C	ORPORATIO	C /C		
	-	ļ.	Firm/Company			
	3155 5	VAUGHN L	J4Y			
			Address			
	AUROR	4 , CO , 80 City/	014			
		City/	State and Zip Code			
-	jsearby	@ peendeyhot mail address: (to be use	ed corporated for future annual	report not	com	
Com Comb on the Com-					,	
FOR IBRUICE IMOR	mation concerning (i	is matter, please call:				
J	OHN SEAR	BY	a1 (310	, 80	134 7842	
	Name of C	ontact Person	Area Code	Day	time Telephone Number	
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding recutive Center Circle ice, FL 32301	
Enclosed is a che		amount: \$130,00 Filing Fee & certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	□ \$160,00 Filing Fee, Cer of Status & Certified Copy	

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

LHUDE A			
(Name of Foreign	HOTEL SERVICES L	Ltability Company," "L.l. C.," or "LLe	C ")
and was alable autor abarrate	aine adopted for the purpose of transacting business in Flori	Mar the alternate many more include 11 inches	Highly Coupan "" LC" or "LC"
(Jurisdiction under the law of w) high toreign limited liability company is organized)	3. 82-241668	number, if applicable)
9/27/17			Address) Address) Address)
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration ne penalty liability}	
3155 S. VAU	CHN WAY	6. 3155 S. VAU	HAN WAY
AURORA	THE GARLY THE CT	AURCRA	AUDICHY 7 7 7
CO 80014		CO 80014	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	. 10
rvame and <u>street addres</u>	gov i fortua registered agent. (1707 box	1-0	当
Name:	CHESTNUT BUSINESS S	PERVICES LLC	بې
Office Address:	911 CHESTNUT STREET		· 5
	CLEARWATER	Phyrida 337	56 °
	(City)	(Zip	o code)
esignated in this applical comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to	act in this capacity. I further agree
id accept the obligation			
id accept the obligation	SEE ATTACHEN	SCALNED COPY	
nd accept the obligation	SEE ATTACHED (Registered agent's si	SCANNED COPY	
			e:
	SEE ATTACHED (Registered agent's significant and address of the person(s) who has Name and Address:		e: Name and Address:
The name, title or capa	acity and address of the person(s) who has Name and Address:	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address:
The name, title or capa	acity and address of the person(s) who has Name and Address:	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address: PRAMASH PANDEY
The name, title or capa	acity and address of the person(s) who has	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address: PRAMASH PANDEY
The name, title or capa Title or Capacity: C., F.O.	TOTAL SEARSY 3155 5.VAUGHN WAY AURGRA CC ROOTH	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address: PRAMASH PANDEY
The name, title or capa	TOHN AND REWS	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address: PRAMASH PANDEY
The name, title or capa Title or Capacity: C., F.O.	TOTAL SEARSY 3155 5.VAUGHN WAY AURGRA CC ROOTH	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address:
The name, title or capa Title or Capacity: C., F.O.	TOHN AND REWS JIST S. VAUGHN WAY AURCIA CO SCOIL	s/have authority to manage is/ar <u>Title or Capacity:</u>	Name and Address: PRAMASH PANDEY

Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information

2CHUR)

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

of the translator must be submitted)

Typed or printed name of signee

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

IN COMPLIANCE WITH SEC COMPANYTO TRANSACT BL	TION 605 0902, FLORIDA STATUTES, THE POLL ISINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGIS	TER A FOREIGN LIMITED LIABILITY
	HOTEL SERVICES LL Limited Liability Company, must include "Limited Lia	<u>، د</u>	····
(If theme unavadable, error alternate re	ame adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Li	ability Company," "L I. C," or "LLC ")
2. (Jurisdiction under the law of w) nich foreign limited hability company is organized)	3. 82-2416684 (FEI mm	ober, if annimable)
4. 9/27/17			
4	(Date first transacted business in Flenda, if prior to regis (See pretions 605 0904 & 605 0905, F.S. to determine pe	tration) cnalty liability)	
5. 3155 S VAU	GHN WAY	6. 3155 S. VAUGA (Mailing Ad AURORA CO 80014	IN WAY
AURORA		AURCRA	unicas)
CO 80014		CO 80014	<u> </u>
7. Name and street address	s of Florida registered agent (P.O. Box N	OT acceptable)	E CI
Name:	CHESTNUT BUSINESS SE	RVICES LLC	17 OCT 16
Office Address:	911 CHESTNUT STREET CLEARWATER (CW)		6 SA
	CLEARWATER	. Florida 3375	6
Registered agent's accep	(City)	(Хър со	(de)
Having been named as re	gistered agent and to accept service of proc	cess for the above stated limite	a invanity company at me place 📡 🔫 🧸
designated in this applica-	tion, I hereby accept the appointment as re ions of all statutes relative to the proper an	gistered agent and agree to ac	t in this capacity. I further agree ?,
and accept the obligations	s of my position as registered agent	a conquere performance of my	unites, and I am jumitur with
	1/1//		
	The patered agent's sugna	fixe)	 -
8. The name, title or capa <u>Title or Capacity:</u>	icity and address of the person(s) who has/h		
C,F.O.	Name and Address:	Title or Capacity:	Name and Address:
C ,1-30+	JOHN SEARBY 3155 S.VAUGIN WAY AUROBA CO BOOTY	PRESIDENT	PRAMASH PANDEY
	AURORA CO RCO14		93 QUEEN STREET AUCKLAND
C.E.O.	JOHN ANDREWS		NEW ZEALAND
	3155 Z.VAUGHA UAY		
	AURCIA CO ROOM		
(Use attachments if necess	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted)	y authenticated by the official h in a foreign language, a transfa	naving custody of records in the stion of the certificate under oath
10. This document is execusubmitted in a document to	uted in accordance with section 605.0203 (1) the Department of State constitutes a third of) (b), Florida Statutes, I am awa degree felony as provided for m	re that any false information as.817 155, F.S.
	fall.	<u> </u>	
	Signature of an	suthonia d person	

Typed or printed name of signee

JOHN SEARBY

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

PANDEY HOTEL SERVICES LLC

is a

Limited Liability Company

formed or registered on 08/08/2017—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171603306.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/06/2017 that have been posted, and by documents delivered to this office electronically through 10/09/2017 @ 14:49:22.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/09/2017 @ 14:49:22 in accordance with applicable law. This certificate is assigned Confirmation Number 10488504



Voyred. Williams

Secretary of State of the State of Colorado

****************End of Certificate**

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.vos.state.co.us/biz/CertificateSecur.bCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.viate.co.us/click/Businesses, trademarks, trade names, and select/Frequently Asked Questions."