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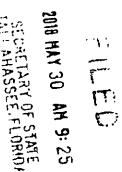
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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M. MILLIGAN JUN 0 5 2018

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Cr	osscourt Mana		imite	ed Liability (Company		
The enclosed "A Existence, and ch	pplication by Fore	ign Limited Liability Comp	any f	or Authoriza	ition to Tra	nsact Business in Florida." Co company to transact business	ertificate of s in Florida
Please return all	correspondence co	oncerning this matter to the	follov	wing:			
	Prabhat Sinha						
		Na	ame o	f Person			
		Fi	rm/Co	ompany			
	20 Hospital Dr	. Ste 3					
			Add	lress			
	Toms River, N						
		City/S	tate ai	nd Zip Code			
_	doctor.sinha@	Dyahoo.com					
		E-mail address: (to be used	l for f	uture annual	report not	ification)	
For further inform	nation concerning	this matter, please call:					
Kaela	Andersen at L		_ at (-2453	
	Name of	*Contact 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 of Registrati Clifton Bt 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	ck for the followi .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status		\$155.00 Filir rtified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate

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

IN COMPILANCE 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:

(it name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The altu	rmate name must include "Limited	Liability Con	npany," "1,.1,.C," or "1.1,C,")
_{2.} Alaska		3.	82-3380528		
(Jurisdiction under the law of	which foreign limited liability company is organized)	,	(FEI)	number, if app	licable)
4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty li	ability)		
5. 1231 W. Northern			20 Hospital Dr. Ste 3	3	
(Street Address of	Principal Office)	-	(Mailing	Address)	
Anchorage, AK 99	503	_	Toms River, NJ 087	55	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		_	-		
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT ac	cceptable)	,	AY 30 AHASSE
Name:	Asha Shankar				Fig. 3
Office Address:	9118 Carolina Wren Dr.				9: 2 57AT FLORI
	Tampa		, Florida 336	26	Sm v
			red agent and agree to a splete performance of i		
to comply with the provi, and accept the obligation	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent's	and com	splete performance of r	ny duties,	
to comply with the provi, and accept the obligation	sions of all statutes relative to the proper ns of my position as registered agent. AS	and con	splete performance of r	ny duties,	
to comply with the provi- and accept the obligation 8. The name, title or cap	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent's pacity and address of the person(s) who has	and con	uthority to manage is/ar	ny duties,	and I am familiar with
to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent's pacity and address of the person(s) who have and Address:	and con	uthority to manage is/ar	ny duties,	and I am familiar with
to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	sions of all statutes relative to the proper ns of my position as registered agent. (Registered agent's pacity and address of the person(s) who has Name and Address: Prabhat Sinha 20 Hospital Dr. Ste 3	and con	uthority to manage is/ar	ny duties,	and I am familiar with
to comply with the provi- and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> Member	resions of all statutes relative to the proper ins of my position as registered agent. (Registered agent's pacity and address of the person(s) who has a Name and Address: Prabhat Sinha 20 Hospital Dr. Ste 3 Toms River, NJ 08755 Priyanka Sinha 20 Hospital Dr. Ste 3 Toms River, NJ 08755	and con	uthority to manage is/ar	ny duties,	and I am familiar with
8. The name, title or cap Title or Capacity: Member Member (Use attachments if necessary)	registered agent's reacity and address of the person(s) who has a Name and Address: Prabhat Sinha 20 Hospital Dr. Ste 3 Toms River, NJ 08755 Priyanka Sinha 20 Hospital Dr. Ste 3 Toms River, NJ 08755 Priyanka Sinha 20 Hospital Dr. Ste 3 Toms River, NJ 08755 ressary) e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)	duly auther is in a	uthority to manage is/ar le or Capacity:	e: Nar	and I am familiar v

Typed or printed name of signee

Alaska Entity #10071628 State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing Certificate of Compliance The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for: Crosscourt Management, LLC This entity was formed on November 13, 2017 and is in good standing. entity has filed all biennial reports and fees due at this time. No information is available in this office on the financial condition, business activity or practices of this corporation. IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective May 23, 2018. Mile Marane Mike Navarre Commissioner