

M18000009118

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H180002811343ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
BUMBA ZONKE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED
2018 OCT -4 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FL

*****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE**

DATE 9/26/18*****

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YLS
10-5-18



October 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KIRAN NATHOO
646 WEST PALM VALLEY DR
OVIEDO, FL 32765US

SUBJECT: BUMBA ZONKE LLC
REF: W18000086587

****PLEASE GIVE THE ORIGINAL SUBMISSION
DATE AS THE FILE DATE 9/26/18*****

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

FAX Aud. #: H18000281134
Letter Number: 518A00020211

RECEIVED
2018 OCT -4 PM 3:47

P.O BOX 6327 - Tallahassee, Florida 32314



CAPITOL
SERVICES

FAX TRANSMITTAL

To:

Date: 10/04/2018 02:04:17 PM

Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6383

Number of pages transmitted

From:

including cover page: 7

Name: Kim Tadlock

Email: ktadlock@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject:

Kim Tadlock

From: faxfinder@capitol-services.com
Sent: Wednesday, September 26, 2018 4:48 PM
To: Kim Tadlock
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20180926_154807_0000193D-0000.pdf

Create Time: 09/26/2018 03:45:26 PM

Schedule Time: 09/26/2018 03:48:07 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Kim Tadlock

Sender email: ktadlock@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject:

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUMBA ZONKE 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:

Kiran Nathoo

Name of Person

Firm/Company

646 West Palm Valley Drive

Address

Oviedo, Florida 32765

City/State and Zip Code

KNathoo@GaneshMills.com

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

For further information concerning this matter, please call:

Kiran Nathoo

at (407)

928-6860

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

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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. BUMBA ZONKE LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DELAWARE

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

3. 81-4213653

(FEI number, if applicable)

4. October 15, 2018

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

5. 646 West Palm Valley Drive

(Street Address of Principal Office)

Oviedo, Florida 32765

6. 646 West Palm Valley Drive

(Mailing Address)

Oviedo, Florida 32765

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

Name: Kiran Nathoo

Office Address: 646 West Palm Valley Drive

Oviedo

(City)

, Florida 32765

(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.

(Registered agent's signature)

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

Title or Capacity:**Name and Address:****Title or Capacity:****Name and Address:**

MGR

Kiran Nathoo

646 West Palm Valley Dr

Oviedo, FL 32765

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Chirag B. Kabrawala, Authorized Agent

Typed or printed name of signee

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUMBA ZONKE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUMBA ZONKE LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6187568 8300

SR# 20186854991

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203498994

Date: 09-26-18

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