Florida Department of Sta

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 **TrothIT LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |



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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 LABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

| Total | | | |
|--|--|---|---|
| 1. TrothIT LLC | Limited Liability Company, must include "Limited | d Liability Company ""I L.C. "oc "LLC.") | |
| (.vaine of toreign | Elimico Elitority Company, mast mentot. Elimico | a material years and a material and | |
| (It name unavailable enter alternate ii | same adopted for the purpose of transacting business in Flor | rida. The alternate name must include "Limited Lia | bility Company," "L.L.C," or "LEC.") |
| T | and an picture, and property of an arrange and arrange and arrange arr | _{3.} 47-4751663 | |
| | such foreign limited (inhility company is organized) | (FEI num) | per, if applicable) |
| 8114 | | | |
| 4. <u>N/A</u> | (Date first transacted business in Florida, if prior to | registration) | |
| | (See sections 605 0904 & 605 0905, F.S. to determi | ine penalty hability) | |
| 5. 7320 East Fletch | | 6, 10547 Martinique isl | e dr |
| Tampa, Florida 3363 | • | Tampa, Florida 3363 | |
| Tompo, Tomos out | | | · · · · · · · · · · · · · · · · · · · |
| • | | | |
| 5.3 | - CD-11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | NOT against him | |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box | <u>NOT</u> acceptance) | |
| Nane: | Registered Agents Inc. | | |
| Office Address: | 3030 N. Rocky Point Dr. STE | 150A | |
| Office Address. | | | |
| | Tampa | , Florida 33607 | la\ |
| Registered agent's accep | | (2.1) Cit. | |
| to comply with the provis | ition, I hereby accept the appointment a ions of all statutes relative to the proper | s registered agent and agree to act and complete performance of my | in this capacity. I further agree duties, and I am familiar with |
| and accept the obligation | is of my position as registered agent. | | |
| | Field 11- | | |
| | (Registered agent's | signature) | |
| S. The name, title or cap | acity and address of the person(s) who ha | as/have authority to manage is/are: | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
| Member | Sanjeev Gupta | | <u>.</u> |
| | 10547 Martinique Isle dr | <u> </u> | |
| | Tampa. FL 33647 | _ | - 10 F |
| | | | m _{co} _ m |
| | | | T C -R |
| | | - - | 9 9 |
| (Use attachments if neces | ssary) | | 0.00 |
| • | • | July with met of his the official b | aring anatody of goodeds in the |
| 9. Attached is a certificate invisely to a certificate | e of existence, no more than 90 days old, of which it is organized. (If the certificat | te is in a foreign language, a transla | tion of the certificate under oath |
| of the translator must be s | | ··· // ·· · // ·· · ··· · · · · · · · · | |
| | | 2 (1) (1) Ft. (1) G | |
| 10. This document is executed in a document to | cuted in accordance with section 605.020, the Department of State constitutes a th | 3 (1) (b), Florida Statutes. I am awa iird degree felony as provided for in | s.817.155. F.S. |
| Stofffined III a document | | • • • • • • • • • • • • • • • • • • • | |
| | - Tily la | of an authorized person | |
| | Supplier | , мі мі винински регови | |
| | Riley Park | | |
| | | r printed name of signice | |



Division of Business Services Department of State

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

REGISTERED AGENTS INC

STE 150

170 S. LINCOLN ST SPOKANE, WA 99201

Request Type: Certificate of Existence/Authorization

Request #:

0298298

Issuance Date: 12/05/2018

Copies Requested:

December 5, 2018

Document Receipt

Receipt #: 004400910

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3745231766

\$20.00

Regarding:

TrothIT LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/05/2015

Status:

Active

Duration Term:

Perpetual

Business County:

Control # :

Date Formed:

Inactive Date:

Formation Locale: TE



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

TrothIT 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, interest, 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.

Secretary of State

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