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(Req	uestor's Name)	
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N CULLIGAN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _	'E LLC					
		Name of I	imited Liability Con	npany		
The enclosed ' Existence, and	'Application by For check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorization	n to Tran liability	sact Business in Florida," Cer company to transact business	tificate of in Florida.
Please return a	ill correspondence c	oncerning this matter to the	following:			
	Pooja Johari					
		Na	ame of Person			
	7E LLC					
		Fi	rm/Company		· · · · · · · · · · · · · · · · · · ·	
	5858 Dryden Pl	. STE 201				
			Address			
	Carlsbad, CA, 9	22008	_			
	·	City/S	tate and Zip Code			
	shahtej@gmail.co					
	-	E-mail address: (to be used	d for future annual rep	port noti	fication)	
For further inf	ormation concerning	g this matter, please call:				
Tejas	s Shah		818 _at ()	5210972		
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314		D Re C 20	oivision o egistratio lifton Bu 661 Exec	ADDRESS: f Corporations on Section ailding cutive Center Circle se, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\Bigsim \$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filing I Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	īcate



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2018

POOJA JOHARI 5858 DRYDEN PL STE 201 CARLSBAD, CA 92008

SUBJECT: 7E LLC

Ref. Number: W18000088615

We have received your document for 7E LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6052.

Neysa Culligan Regulatory Specialist II

> . ! —

Letter Number: 218A00020798

www.sunbiz.org

Division of Corporations DO POV 6227 Tallahassaa Florida 2021

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:

	Limited Liability Company, must include "Limit		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. California		3. 300486846	E - P- 11 S
(Jurisdiction under the law of wi	hich foreign limited liability company is organized)	(FE) num	ber, if applicable)
4. 07/10/2018			
· ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)	
5 5858 Dryden Pl. STE 2	201	6 5858 Dryden PL, STE 201	
(Street Address of I	Principal Office)	(Mailing Add	ress)
Carlsbad, CA		Carlsbad, Ca	
92008		92008	- FE 8 T
			発売
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	15 T
Name:	Ruben Curbelo		
Name.			79 30
Office Address:	7280 NW 7TH ST UNIT 109		
	Miami	, Florida 33126	2= 5
	(City)	(Zip coo	de)
	ions of all statutes relative to the prope is of my position as registered agent.	r and complete performance of my رخار کی	duties, and I am familiar with
		Marks .	duties, and I am familiar with
and accept the obligation	s of my position as registered agent. (Registered agent)	s signature)	duties, and I am familiar with
and accept the obligation	s of my position as registered agent.	s signature)	Name and Address:
and accept the obligation 8. The name, title or caps	(Registered agent) (Registered agent) (Registered agent)	s signature) as/have authority to manage is/are:	
8. The name, title or cap: Title or Capacity:	(Registered agent) (Registered agent) acity and address of the person(s) who h Name and Address:	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity:	(Registered agent acity and address of the person(s) who hame and Address: Pooja Johari	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity:	(Registered agent. (Registered agent) acity and address of the person(s) who hame and Address: Pooja Johari 5858 Dryden Pl. Carlsbad, Ca.	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity: Membe	(Registered agent) acity and address of the person(s) who h Name and Address: Pooja Johari 5858 Dryden Pl. Carlsbad, Ca. Tejas Shah	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity: Membe	(Registered agent. (Registered agent) acity and address of the person(s) who hame and Address: Pooja Johari 5858 Dryden Pl. Carlsbad, Ca.	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity: Membe	Registered agent. (Registered agent) active and address of the person(s) who hame and Address: Pooja Johani 5858 Dryden Pl. Carlsbad, Ca. Tejas Shah 5858 Dryden pl. Carlsbad, Ca	s signature) nas/have authority to manage is/are: Title or Capacity:	
8. The name, title or cap: Title or Capacity: Membe Mem (Use attachments if neces)	Registered agent (Registered agent acity and address of the person(s) who hame and Address: Pooja Johari 5858 Dryden Pl. Carlsbad, Ca. Tejas Shah 5858 Dryden pl. Carlsbad, Ca ssary) e of existence, no more than 90 days old of which it is organized. (If the certifica	as/have authority to manage is/are: Title or Capacity: Mgr duly authenticated by the official h	Name and Address:
8. The name, title or cape Title or Capacity: Membe Mem (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be s	Registered agent acity and address of the person(s) who hame and Address: Pooja Johari 5858 Dryden Pl. Carlsbad, Ca. Tejas Shah 5858 Dryden pl Carlsbad, Ca ssary) of existence, no more than 90 days old of which it is organized. (If the certificate)	as/have authority to manage is/are: Title or Capacity: Mgr duly authenticated by the official hate is in a foreign language, a transla	Name and Address: aving custody of records in the tion of the certificate under oath
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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: 7E LLC

FILE NUMBER: FORMATION DATE:

200814910144 05/09/2008

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 28, 2018.

ALEX PADILLA Secretary of State