M18000011655

(Requestor's Name)
(Noquestor o Name)
(Address)
` <i>'</i>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600321391196

12/13/16--01008--029 **125.00

THE DEC 13 PH 4: 26

C CAVE DEC 2 7 2018

COVER LETTER

_	sion of Corporation	s				ų.	
SUBJECT:	Virind Gupta Ass	set Management, LLC					
		Name of L	imited	Liability C	ompany		
The enclosed Existence, an	"Application by Fore d check are submitted	ign Limited Liability Comp I to register the above refere	any for nced fo	Authorizat oreign limite	ion to Trar ed liability	nsact Business in Florida." Cer company to transact business	tificate of in Florida.
Please return	all correspondence co	oncerning this matter to the	followi	ng:			
	Virind Gupta					. <u></u>	
		No	ime of	Person			
						<u></u>	
		Fi	rm/Con	прапу			
	4541 Bee Rid	ge Rd.					
			Addre	ess	=		
	Sarasota, FL	34232					
			tate and	Zip Code			
	virindgupta@	gmail.com					
		E-mail address: (to be used	for fu	ture annual	report noti	fication)	
For further in	nformation concerning	g this matter, please call:					
	Virino	l Gupta	at (_	941	₎ 374 - ·	4951	
	Name o	f Contact Person		Area Code	Dayı	ime Telephone Number	
Div Reg P.O	ision of Corporations distration Section Box 6327 dahassee, FL 32314				Division of Registrati Clifton Bu 2661 Exe	ADDRESS: of Corporations on Section ailding cutive Center Circle ce, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigcip \mathbf{S} 130.00 \text{ Filing Fee & Certificate of Status}		.55.00 Filin ified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	ficate



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:

	name adopted for the purpose of transacting business in l	Flonda The alterna	te name must include "Limited	Liability Company,	" "L. L. C," or "LLC.	")
2 Alaska	which foreign limited liability company is organized)	3	(FFI m	umber, if applicable	····	
(Jurisdiction under the law of	which foreign turnied napinty company is organized)		(t C) to	unicer, it uppercause	-,	
11/29/2018	(Date first transacted business in Florida, if prior	to remainston				
	(See sections 605,0904 & 605,0905, F.S. to deter	maine penalty liabil				
5. 505 Old Steese H	Wy Ste. 122 Principal Office)	6	200 W. 34th A			
Fairbanks, AK 99			Anchorage, AK 99503		AL SE	5
·					<u>></u> CR C	- -
					\$ 3 C	<u> </u>
7. Name and street addre	ess of Florida registered agent: (P.O. Be	ox <u>NOT</u> acce	ptable)		<u> </u>	آ م آ م
Name:	Virind Gupta				1.00 i	₽ ;
	4541 Bee Ridge Rd.				52 ₹	PX 1: 20
Office Address:					316	26
	Sarasota		, Florida 34232	node)	;-	
	(City)		(x.ih	codey		
designated in this applic to comply with the provi	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop	t as registered	I agent and agree to a	ict in this cap	acity. I furth	er agre
Having been named as i designated in this applic to comply with the provi	egistered agent and to accept service of ation. I hereby accept the appointment	t as registered	I agent and agree to a	ict in this cap	acity. I furth	er agre
Having been named as a designated in this applicated in this applicate comply with the proviound accept the obligation	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. (Registered agent)	t as registered er and completer and complet	l agent and agree to a lete performance of n	nct in this cap my duties, and	acity. I furth	er agre
Having been named as a designated in this applicated in this applicate comply with the proviound accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prop	t as registered er and completer and completer ('s signature) has/have auth	l agent and agree to a lete performance of n	act in this cap ny duties, and 	nacity. I furth I I am familia and Address:	er agre
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or ca	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propins of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: Virind Gupta	t as registered er and complete and complete the signature) has/have auth	I agent and agree to a lete performance of n	act in this cap ny duties, and e: <u>Name a</u> Susai	nacity. I further I I am familia	er agree
Having been named as a designated in this applicate to comply with the provious and accept the obligation. 8. The name, title or ca	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address:	t as registered er and complete and complete the signature) has/have auth	I agent and agree to a lete performance of n n n n n n n n n n n n n n n n n n	et in this cap ny duties, and E Name a Susai 4541 Bo	nacity. I furth I I am familia and Address:	er agree
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or can Title or Canacity: Member	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propins of my position as registered agent. Compared to the propins of my position as registered agent.	t as registered er and complete and complete the complete	I agent and agree to a lete performance of no nority to manage is/are or Capacity:	e: Name a Susai 4541 Bo Saraso	and Address: O'Toole Red Ridge Rd. Taylor Start Sta	er agreer with
Having been named as a designated in this applicate to comply with the provious and accept the obligation. 8. The name, title or ca	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propins of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta	t as registered er and complete and complete the signature) has/have auth	I agent and agree to a lete performance of no nority to manage is/are or Capacity:	Name a Susal 4541 Be Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232	er agreer with
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or can Title or Canacity: Member	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propins of my position as registered agent. Compared to the propins of my position as registered agent.	t as registered er and complete and complete the complete	I agent and agree to a lete performance of no nority to manage is/are or Capacity:	Name a Susal 4541 Bo Saraso	and Address: O'Toole Red Ridge Rd. Taylor Start Sta	er agreer with
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or can Title or Canacity: Member	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propins of my position as registered agent. (Registered agent accept the appointment of my position as registered agent. (Registered agent accept and address of the person(s) who accept and address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232	t as registered er and complete and complete the complete	I agent and agree to a lete performance of no nority to manage is/are or Capacity:	Name a Susal 4541 Bo Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt	er agreer with
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or can a Title or Capacity: Member Member (Use attachments if necessity is necessity).	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. Registered agent (Registered agent) Particle (Registered agent) Registered agent (Registered agent) Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232	t as registered er and complete and complete and complete at signature) has/have auth Title Mer	I agent and agree to a lete performance of nority to manage is/are or Capacity: mber	Name a Susai 4541 Be Saraso Isabel 34541 E Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt see Ridge Rd. ta, FL 34232	er agreer with
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or can a Title or Capacity: Member Member (Use attachments if necessary acceptification of the companion of the compa	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. Registered agent. Registered agent. Onacity and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 essary) te of existence, no more than 90 days of which it is organized. (If the certifications)	t as registered er and composite and composite and composite at a signature) has/have author title Mer Men d, duly author	agent and agree to a lete performance of nority to manage is/are or Capacity: mber	Name a Susai 4541 Be Saraso Isabel A541 E Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt see Ridge Rd. ta, FL 34232	a
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Member Member (Use attachments if necessity is a certifical jurisdiction under the law of the translator must be seen as a certifical provided in the control of the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in this application and accept the obligation accept the obligation and accept the obligation accept the obl	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propers of my position as registered agent. Registered agent. Registered agent. Onacity and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 cssary) te of existence, no more than 90 days of which it is organized. (If the certification submitted)	t as registered er and complete and complete and complete the signature) has/have authorized Mer Men d, duly authorized is in a for 203 (1) (b), F	agent and agree to a lete performance of mority to manage is/are or Capacity: mber nticated by the official reign language, a transferida Statutes. I am an allorida Statutes.	Name a Susal 4541 B Saraso Isabel 4541 E Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt Ree Ridge Rd. ta, FL 34232 dy of records certificate und	a
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Member Member (Use attachments if necessity is a certifical jurisdiction under the law of the translator must be seen as a certifical provided in the control of the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in this application and accept the obligation accept the obligation and accept the obligation accept the obl	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. Registered agent. Registered agent. Onacity and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 essary) te of existence, no more than 90 days of which it is organized. (If the certifications)	t as registered er and complete and complete and complete the signature) has/have authorized Mer Men d, duly authorized is in a for 203 (1) (b), F	agent and agree to a lete performance of mority to manage is/are or Capacity: mber nticated by the official reign language, a transferida Statutes. I am an allorida Statutes.	Name a Susal 4541 B Saraso Isabel 4541 E Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt Ree Ridge Rd. ta, FL 34232 dy of records certificate und	a
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: Member Member (Use attachments if necessity is a certifical jurisdiction under the law of the translator must be seen as a certifical provided in the control of the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in the translator must be seen as a certifical provided in this application and accept the obligation accept the obligation and accept the obligation accept the obl	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent. Registered agent. Registered agent. Registered agent. Onacity and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Cameron Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 ressary) Registered agent. Onacety and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Ressary) Registered agent. Onacety and address of the person(s) who Name and Address: Virind Gupta 4541 Bee Ridge Rd. Sarasota, FL 34232 Ressary) Registered agent. Onacety agent.	t as registered er and complete and complete and complete the signature) has/have authorized Mer Men d, duly authorized is in a for 203 (1) (b), F	nority to manage is/are or Capacity: mber noticated by the official reign language, a transfelony as provided for	Name a Susal 4541 B Saraso Isabel 4541 E Saraso	and Address: n O'Toole ee Ridge Rd. ta, FL 34232 Anjali Gupt Ree Ridge Rd. ta, FL 34232 dy of records certificate und	a

Typed or printed name of signee



Alaska Entity #10095365

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:

Virind Gupta Asset Management, LLC

This entity was formed on November 29, 2018 and is in good standing. This 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 November 30, 2018.

Mike Navarre Commissioner

Milee Marone