

# M19000002160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

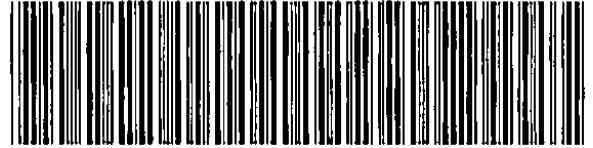
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CHO 19-17214

Office Use Only



500324269215

02/11/13--01045--010 \*\*160.00

FILED  
19 MAR - 1 PM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR - 4 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2019

2019 FEB 20 11:11

NAGENDRA TUMMALA  
SRI BALAJI LLC  
15398 PLUMSTONE DR.  
EDEN PRAIRIE, MN 55347

SUBJECT: SRI BALAJI LLC  
Ref. Number: W19000017214

We have received your document for SRI BALAJI LLC and your check(s) totaling \$160.00. 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.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 319A00003676

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sri Balaji 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:

Nagendra Tummala

\_\_\_\_\_  
Name of Person

Sri Balaji LLC

\_\_\_\_\_  
Firm/Company

15398 Plumstone Dr

\_\_\_\_\_  
Address

Eden Prairie, MN 55347

\_\_\_\_\_  
City/State and Zip Code

tampa@sspiceusa.com

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

For further information concerning this matter, please call:

Nagendra Tummala

612

695 7048

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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

Sri Balaji 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," "L.L.C.," or "LLC.")

2. Minnesota 83-3456369  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1251 E Fowler Ave 15398 Plumstone Dr  
(Street Address of Principal Office) (Mailing Address)

Suite B2

Tampa, FL 33612

Eden Prairie, MN 55347

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

Name: Nagendra Tummala

Office Address: 1251 E Fowler Ave

Tampa 33612  
(City) Florida (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

T. Nagendra Tummala  
(Registered agent's signature)

19 MAR - 1 PM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|--|--------------------------------|--|--------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: Sanjeevi Narayanan       | <input checked="" type="checkbox"/> Manager    | Name: Dillishankar Perumal R   |
| <input checked="" type="checkbox"/> Member     | Address: 1251 E Fowler Ave     | <input checked="" type="checkbox"/> Member     | Address: 1251 E Fowler Ave     |
| <input checked="" type="checkbox"/> Authorized | Suite B2                       | <input checked="" type="checkbox"/> Authorized | Suite B2                       |
| Person   | Tampa, FL 33612                | Person   | Tampa, FL 33612                |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Manager    | Name: Amudhan Devanesan        | <input type="checkbox"/> Manager               | Name: _____                    |
| <input checked="" type="checkbox"/> Member     | Address: 1251 E Fowler Ave     | <input type="checkbox"/> Member                | Address: _____                 |
| <input checked="" type="checkbox"/> Authorized | Suite B2                       | <input type="checkbox"/> Authorized            | _____                          |
| Person   | Tampa, FL 33612                | Person   | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: _____                    | <input type="checkbox"/> Manager               | Name: _____                    |
| <input type="checkbox"/> Member                | Address: _____                 | <input type="checkbox"/> Member                | Address: _____                 |
| <input type="checkbox"/> Authorized            | _____                          | <input type="checkbox"/> Authorized            | _____                          |
| Person   | _____                          | Person   | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |

19 MAR - 1 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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.

T. Nagendra Bose  
Signature of an authorized person

NAGENDRA TUNMALA  
Typed or printed name of signer

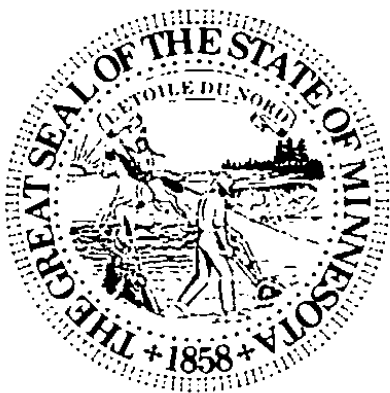
**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

|                              |                |
|------------------------------|----------------|
| Name:                        | Sri Balaji LLC |
| Date Filed:                  | 01/03/2019     |
| File Number:                 | 1060356200026  |
| Minnesota Statutes, Chapter: | 322C           |
| Home Jurisdiction:           | Minnesota      |

This certificate has been issued on: 02/25/2019

1 1 PM  
19 MAR - 1 PM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota