

Florida Department of State
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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****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
AARC CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AARC Consultants, LLC

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

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

2. Texas

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

3. 46-2542494

(FBI number, if applicable)

4. July 5, 2019

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0901, F.S. to determine penalty liability)

5. 78 SW 7th Street, Suite 500

(Street Address of Principal Office)

Miami, FL 33130

6. PO Box 770216

(Mailing Address)

Houston, TX 77215-0216

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(City)

(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.

**Krista Abair, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.**

(Registered agent's signature)

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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>	
☐ Manager	Name: <u>Archna K Chainani</u>	☐ Manager	Name: <u>Rick K Chainani</u>	☐ Manager	Name: _____	☐ Manager	Name: _____
☒ Member	Address: <u>2000 W Sam Houston Parkway, Suite 850</u>	☐ Member	Address: <u>2000 W Sam Houston Parkway, Suite 850</u>	☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☒ Authorized	<u>President</u>	☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____	Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____	☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____	Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____	☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____	Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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 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.817.135, F.S.

Archna K Chainani
Signature of an authorized person

Archna K Chainani
Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for AARC Consultants, LLC (file number 801685546), a Domestic Limited Liability Company (LLC), was filed in this office on November 15, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on July 03, 2019.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A handwritten signature in black ink, appearing to be "JE", with a long horizontal line extending to the right.

Jose A. Esparza
Deputy Secretary of State