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TO:

Nataraja Management. LLC Name "Application by Foreign Limited Liability Collicheck are submitted to register the above reall correspondence concerning this matter to Manohar Jain 4800 S. Apopka Vineland Rd.	ferenced foreign lim	ration to Transact Business in Florida." Cated liability company to transact business	Certifi ss in l
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Manohar Jain	Name of Person		
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jainemergicare@outlook.com			
E-mail address: (to be t	ised for tuture annua	l report notification)	
formation concerning this matter, please call:			
d Patton at Legally Mine	800	375-2453	
Name of Contact Person		Daytime Telephone Number	
LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, F1, 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301	
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Certificate of Status

Certified Copy

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:

corne and salable enter alternate o	name adopted for the purpose of transacting business in Fl	oruta. Iba a	hours to a more more) makedo "E marcol f	ublit Company	. " "! <i>!</i> "
	mine adopted for the pulpose of charactering distillers in the	mua men		ratemy Company	y. 1.1.C, OF 1.1.0
Alaska Cuttisduction under the law of which foreign limited hability company is organ		3.	S4-2815062 (Till number, if applicable)		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(Fill number, it applicable)		
				-	~)
	(Date first transacted business in Florida, it prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability)				
505 Old Steese Hwy Ste 122		6	4800 S. Apopka Vineland Rd.		, i
(Street Address of)	Principal Office)	<u> </u>	(Mailing Address)		
Fairbanks, Alaska 99701			Orlando, Florida 32819	7	
					డు
	ss of Florida registered agent: (P.O. Bo:	\ <u>NOT</u> ;	ecceptable)		
Name:	Manohar Jain		nd-Mark •		
Office Address:	4800 S. Apopka Vineland Rd.				
	Orlando		32819 , Florida		
			(Zip ec		

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.

(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Manohar Jain Name: _ Usha Jain Manager Manager 4800 S. Apopka Vineland Rd. 4800 S. Apopka Vineland Rd. Member Member Address: Orlando, Florida 32819 Orlando, Florida 32819 Authorized Authorized Person Person Other_ Other____ Other_ Other____ Manager Name: Manager Member Member | Address: ' Address: Authorized Authorized Person Person Other____ Other Other Other Manager Name: Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other____ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.817.155, F.S. Signature of an authorized person Manohar Jain

Typed or printed name of signee

