Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	District of Commentary		0,
	Division of Corporations Fax Number : (850)617-6383		لى). ئىل
	(a30)027-0303		<u> </u>
From:			<u></u> :
	Account Name : BUSINESS FILINGS		ス
	Account Number : 105256001620		2
	Phone : (608)827-5300 Fax Number : (608)827-5501		7
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Electronic Filing Menu

Corporate Filing Menu

Help



Fax Audi+ 4190003337373

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMENT WITH SECTION (IS USED), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARBITY COMPANY NO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY NO INANZACI BO	SPACES IN THE STATE OF FITIKIDA.		_
1. Archima LLE			430.00
(Name of Fore	right Limited Liability Company; must include	"Emnfed Liability Company," "L.E.C.," of "L	LCT)
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of trans-	noting business in Florida. The alternate name	must include "Limited
5 New Jersey	3	82-1757719	
	of which foreign limited liability	(FEI number, if applicable)	
4. 2/1/2019			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) S. to determine penalty fiability)	
5. 45 Eisenhower D	rive Suite 245, Paramus. New Je	rsey 07652	
			20 7A
	(Street Address of Principal (0#:W	19
45 Niconhower F	Prive Suite 245, Paramus, New Jo		
6. 45 Elselmower 1.	Wive State 243, Farantis, New Jo	13Cy 07032	2019 HOV 13 PH TALLAHASSEE.F
			$S_{S_{1}}^{S_{1}}$ ω
	(Mailing Address)		[변경 ~2] 14
7. Name and street addics	s of Florida registered agent: (P.O. Box	NOT acceptable)	The state of the s
Name:	Business Filings Incorporated		4: 40 FLORID
Office Address:	1200 South Pine Island Road		DE D
	Plantation	, Florida 33324	
	(City)	(Zip code)	
designated in this applica- to complywith the provision	gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent. Medical acceptance of the proper a	registered agent and agree to act in this	capacity. I further agree
	(Registered agen	f's signature) Mark Williams, A.V.P., Bu	siness Filings Incorporated
8. The name, title or capa	icity and address of the person(s) who has	Thave authority to manage is/are:	
	K. Sahu, 45 Eisenhower Drive S		7652
	dings Inc. 317 Shasta Drive, Hou		
			·
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days qld, dof which it is organized (If the certificate ibmitted) Signature of an arms.	Is a foreign language, a translation of t	istody of records in the he certificate under onth
This 3	in accordance with section 605.0203 (1)) {	alse information
this (focument is executed submitted in a document to	the Department of State constitutes a thin	d degree felony as provided for in s.\$17.1	55. F.S.
	Raineesh K. Sahu, Member		

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Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

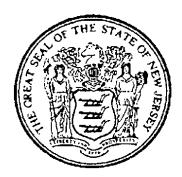
ARCHIMA LLC 0450173012

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 01, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RAJNEESH SAHU 45 EISENHOWER DRIVE SUITE 45 PARAMUS, NJ 07601 2019 NOV 13 PM 4: 40



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of November, 2019

Elizabeth Maher Muoio State Treasurer

des A Man

Certificate Number : 0103305246

Verify this certificate online at

https://owwwl.atate.nj.us/TYTR_StandingCort/JSP/Verify_Cort.jap