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#### **WALK IN**

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#### COVER LETTER

TO:		istration Section sion of Corporations	,				
SUBJE		TEJAL DHRUVE CI	PA LLC				
		Name of Limited Liability Company					
			ign Limited Liability Con to register the above refe				
Please re	eturn :	all correspondence co	neerning this matter to th	e following:			
		TEJAL DHRUV	F.			2019 Tăi	~*·
			3	Name of Person		DEC DEC	11
		TEJAL DHRUV	E CPA LLC			2019 DEC -4	T
				irm/Company		PE	و در استورو استود
		4089 WINDCRE	ST DR			SSLE, FLORIDA	1
				Address			,
		WESLEY CHAP	PEL. FL 33544				
		***************************************	City/	State and Zip Code	3		
		TEJAL@DHRUV	ECPA.COM				
		<del>-</del>	E-mail address; (to be use	ed for future annua	il report notification)	1	
For furth	er inf	ormation concerning	this matter, please call:				
	TEJ/	AL DHRUVE		614 at (	6848334 )		
		Name of	Contact Person	Area Code	Daytime Tele	ephone Number	
	Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADDRE Division of Corpor Registration Section Chifton Building 2661 Executive Co Tallahassee, FL 32	rations on enter Circle	
	Pleas		: ι <u>ο:</u> FLORIDA DEPAR'		TE		
	<b>∐</b> S	125.00 Filing Fee	\$130.00 Filing Fee of Certificate of St		Filing Fee & Lied Copy	S160,00 Filing Fee of Status & Certific	

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYIO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "L	imited Liability Company," "L.L.C.,"	or "LLC")	<del></del>	
	name adopted for the purpose of transacting business	***		رت	
me unavailable, enter alternate i	name adopted for the purpose of transacting business	in Florida. The alternate name must include	"Limited Liability()."	ampany. E. I. C	Tor LLC +
HIO		27-3437934 3.	ِ بِيْ مِيْ		
Harisdiction under the law of w	high foreign limited liability company is organized).		(EE I number 10)	poheable)	<del></del>
×* .				m p	
×Λ					. 📆
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605,0905, F.S. to d	nor to registration 1 esertime penalty hability)		PH IF JO	n
8960 BROWN PARK		4089 WINDCRES	ST DR	5	)
(Street Address of	Principal Office)	6	Mailing Address)		<del> </del>
IILLIARD, OH 43020	b	WESLEY CHAPF	FI FI 33544		
····					
same and street addre	§§ of Florida registered agent; (P.O.	Box NOT acceptable)		<del></del>	
	SS of Florida registered agent: (P.O. TEJAL DHRUVE	Box <u>NOT</u> acceptable)		·····	
Name and <u>street addre</u> ; Name:	TEJAL DHRUVE	Box <u>NOT</u> acceptable)			
		Box <u>NOT</u> acceptable)			
Name:	TEJAL DHRUVE	33	1244	-	
Name:	TEJAL DHRUVE 4089 WINDCREST DR		(544 (Zip code)	_	
Name: Office Address: gistered agent's accepting been named us reignated in this applical omply with the provisi	TEJAL DHRUVE 4089 WINDCREST DR WESLEY CHAPEL	Florida	(Ip code)  d limited liabi	is capacity.	I further
Name: Office Address: gistered agent's accepting been named us reignated in this applical omply with the provisi	TEJAL DHRUVE  4089 WINDCREST DR  WESLEY CHAPEL  itance: registered agent and to accept service tion, I hereby accept the appointmetions of all statutes relative to the prost of my position as registered agent.	Florida	(Ip code)  d limited liabi	is capacity.	I further

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
Manager	Name: TEJAL DHRUVE	Manager	Name:
■Member	Address: 4089 WINDCREST DR	Member	Address:
Authorized	WESLEY CHAPEL, FL 33544	Authorized	
Person	,	Person	19
	Other	Other	
□Manager □Member	Name:	☐ Manager	Name: Name: SO
Authorized		Authorized	ア 
Person		Person	
Other	Other	Other	Other
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indexed individuals  9. Attached is a cert purisdiction under th of the translator mus  10. This document i	se an attachment to report more than six (6), may be added to the index when filing your liftcate of existence, no more than 90 days old c law of which it is organized. (If the certific to be submitted)  s executed in accordance with section 605.02 ment to the Department of State constitutes a second constitutes as	Florida Department of Sta I, duly authenticated by thate is in a foreign languag 03 (1) (b), Florida Statute	te Annual Report form.  e official having custody of records in e, a translation of the certificate under s. I am aware that any false information

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TEJAL DHRUVE, CPA, LLC, an Ohio Limited Liability Company, Registration Number 1958630, was organized within the State of Ohio on August 23, 2010 is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of December, A.D. 2019.

1 fore

**Ohio Secretary of State** 

Validation Number: 201933602982