Nace Descent

(Re	questor's Name)	
(,,	,	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	ertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



200338938092

01/14/20--01004--014 **125.00

SECHELÄRY OF STATE ALLAHASSEE, FLORIDA

FILED 2020 JAN 14 PM 4: 32





COVER LETTER

.

TO: Registration Section

Divi	ision of Corporations			
SUBJECT:	Arambha Unlimited, LLC			
	Nam	ne of Limited Liabilit	y Company	
The enclosed Existence, and	"Application by Foreign Limited Liability declare submitted to register the above	Company for Author referenced foreign lin	ization to Transact Business in Floric mited liability company to transact be	la," Certificate of usiness in Florida.
Please return	all correspondence concerning this matter to	to the following:		
	Srinivas Sanka			
		Name of Person	TALLAH	= 2020 JAN
	4807 W. Beach Park Dr.	Firm/Company	SSEE. F	PH III
		Address	Q.5.	_ <u>-</u>
	Tampa, FL 33609		AIDA AIDA	32
	C	City/State and Zip Coo	le	
	seenus l@yahoo.com			
	E-mail address: (to be	used for future annu	al report notification)	_
For further infe	formation concerning this matter, please call	1:		
Kryst	stle Gillam	800 at (375-2453	
	Name of Contact Person	Area Cod	e Daytime Telephone Number	_
Divisi Regisi P.O. I	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Please	osed is a check for the following amount: e make check payable to: FLORIDA DEPA 125.00 Filing Fee \$130.00 Filing F Certificate of	Fee & S155.0	_	g Fee, Certificate ertified Copy

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

IN COMPILANCE 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:

Arambha Unlimited, (Name of Foreig	n Limited Liability Company; must include "Limited	Liability Co	mpany," "L.L.C.," or "L.C.")		·
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The atternal	te name must include "Limited Lie balan:	Commence	1 MI I c. 110
Alaska	-		the same the same the same the same	Company, "L.I. C	or "LI,C,")
2.		3.			
(Jurisdiction under the law of	which foreign limited liability company is organized)	J	(FEI number, if	applicable) in	 _
				, T	7070
1				<u>></u> }	
·	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	gistration \		AHAN LAN	= 1
	(See sections 605 0904 & 605,0905, F.S. to determine	penalty liability	Ņ)	SS	- :
505 Old Steese Hwy Ste 122 (Street Address of Principal Office)		200 6) W. 34th Ave. #977		e in
(Street Address of	Principal Office)	·	(Mailing Address)		
Fairbanks, AK 99701		And	thorage, AK 99503	4: 32 JARE JORIDA)
Name and street address Name:	ss of Florida registered agent: (P.O. Box <u>N</u> Srinivas Sanka	<u>NOT</u> accep	otable)		
Office Address:	4807 W. Beach Park Dr.				
	Tampa		33609 Florida _		
	(City)		(Zip cirde)	_	
egistered agent's acceparing been named as re	tance: gistered agent and to accept service of pro ion, I hereby accept the appointment as re ons of all statutes relative to the proper co	cess for th	e above stated limited liabi	lity company	

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: Srinivas Sanka ■ Manager Madhurima Sanka ☐ Manager 4807 W. Beach Park Dr. Member 4807 W. Beach Park Dr. Address: ■ Member Address: Tampa, FL 33609 Tampa, FL 33609 L Authorized □ Authorized Person Person Other_ Other____ Other_ Manager Manager Name: ■ Member Address: _____ Member Address: ☐ Authorized ☐ Authorized Person Person Other__ Other____ Other Other Name: Manager Manager Name: Member Address: _____ Member 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. Srinivas Sanka Typed or printed name of signee

