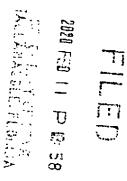
# M200000/676

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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FEB 1 2 2020 T. LEMIEUX CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 176876 7161018

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 11, 2020

ORDER TIME : 1:55 PM

ORDER NO. : 176876-005

CUSTOMER NO: 7161018

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## FOREIGN FILINGS

NAME: KAVERI AVIATION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_

# COVER LETTER

fO:	Registration Section Division of Corporations								
SUBJEC	Kaveri Aviation LLC								
(1000)		Name of Limited Liability Company							
				tion to Transact Business in Floridated liability company to transact bu					
Please n	etum all correspondence cor	ncerning this matter to the fol	lowing:						
	Marc D. Leve								
Name of Person									
Sills Cummis & Gross. P.C.									
Firm/Company									
	101 Park Avenue.	, 28th Floor							
Address New York, New York 10178									
									City/State
	mleve $(\tilde{q}_i$ sillscummi	s.com							
E-mail address: (to be used for future annual report notification)									
For furt	her information concerning t	his matter, please call:							
Marc Leve			212	500-1591					
	Name of C	Contact Person	Area Code	Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	Enclosed is a check for the Please make check payable	following amount: to: FLORIDA DEPARTM	ENT OF STA	TE					
	S125,00 Filing Fee	St30.00 Filing Fee & Certificate of Status	<b>5</b> 155.00	Filing Fee & S160.00 Filin	ig Fee, Certificate ertified Copy				

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Kaveri Aviation LLC							
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Company,	." "L.L." or "L.L."	.")			
It name unavailable, eraet atternate n	arre adopted for the purpose of francacting husiness in F	onda. The alternate rame	must include "I limited	Liability Company," "L	LC," or "LEC "		
Delaware 2.	hich foreign himsted liability company is organized)	3.					
(Jizzischetxio under the law of w		(FEI na	(FEI number, if applicable)				
Upon registration							
	(Date first managed business in Florida, if prior to (See sections 103,0904 & 605,0901; F.S. to determ	registration.) nine penalty hability)		<del></del>			
3315 Collins Avenue	3315 Collins Avenue, #4B 6						
(Street Address of f	Principal Office)	·	(Mailing A	Address I	<del></del>		
Miami Beach, FL 33	140	Miami Beach, FL 33140					
				2020 F	-17		
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable	e)	## 1			
Name:	Corporation Service Company			T	O		
Office Address:	1201 Hays Street			اں ج ف آپ			
	Tallahassee	F	32301				
	(City)	··	(Zrp c	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.

Corposation Service Company

By:

Kadesha Roberson
Asst. Vice President

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]: Name and Address: Name and Address: Title or Capacity: **Title or Capacity:** Name: Haresh Tharani Tanuja Tharani Manager Manager Manager 3315 Collins Avenue, #4B 3315 Collins Avenue, #4B Member ☐ Member Miami Beach, FL 33140 Miami Beach, FL 33140 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_ Other Manager | Manager Name: Name: Member Address: Member Address: ☐ Authorized Authorized Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_ Other\_ Manager Name: Manager Member Address: Address: Member 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), Elorida 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 Haresh Tharani

Typed or prozed name of surrec

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KAVERI AVIATION LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAVERI AVIATION LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202363453

Date: 02-11-20