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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/14/2020				
	Marcel Ogbor	na-Amu	_		
Reference #	1186	5151			
	::	RAICO INT	ERNATIO	NAL LLC	
	es of Incorporation		n to Transact	: Business	
☐ Amer	ndment				
Chan	ge of Agent				
Reins	statement				
Conv	ersion				
Merg	er				
Disso	olution/Withdrawal				
☐ Fictiti	ous Name				
Other	r				
Authorized A	Amount:	\$125.00			
Signature:	Mr.	(e-o.			

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/14/2020	
	Marcel Ogbonna-Amu	
Reference #		
	e:RAICO II	ITERNATIONAL LLC
✓ Articl	es of Incorporation/Authorizat	ion to Transact Business
☐ Amei	ndment	
☐ Char	ge of Agent	
Reins	statement	
☐ Conv	rersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized /	Amount: <b>\$125.00</b>	
Signature:	Mº/e-0.	

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	RAICO International LLC	
		Name of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please 1	eturn all correspondence concerning this n	natter to the following:
	Ravi Nallakrishnan	•
		Name of Person
	RAICO International LLC	
		Firm/Company
	347 North New River Drive Eas	st, Unit 1104
		Address
	Fort Lauderdale, FL 33301	
		City/State and Zip Code
	ravi.nallakrishnan@gmail.com	
	E-mail address	: (to be used for future annual report notification)
For furt	her information concerning this matter, ple	ease call:
	Robert Willson	312 861-6585 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following am Please make check payable to: FLORID.  \$125.00 Filing Fee \$130.00 File Certification   \$125.00 File Certification   \$125	A DEPARTMENT OF STATE

## 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:

f name unavailable, enter alternate s	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lit	bility Company," "L.L.C," or "L.L.C.")
Delaware		83-1542848 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	er, if applicable)
	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 603.0905, F.S. to determine	registration.)	<del></del>
347 North New River		347 North New River Drive 6. (Mailing Address)	East, Unit 1104
Fort Lauderdale, FL 33	301	Fort Lauderdale, FL 33301	
Name:	cs of Florida registered agent: (P.O. Box  Cogency Global Inc.	NOT acceptable)	SOLU A
Name:	Cogency Global Inc.  115 North Calhoun Street, Suite 4	<del></del>	
Office Address:	Tallahassee	32301 Florida	52
	(City)	, FIOTIUA(Zip code)	<del></del>
	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to act i	n this capacity. I further ag

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: Title or Capacity: Name and Address: Title or Capacity: Ravi Nallakrishnan Radha Nallakrishnan Manager Manager 347 North New River Drive 347 North New River Drive Address: □Member Address: □ Member East, Unit 1104 East, Unit 1104 □ Authorized □ Authorized Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301 Person Person Pres., Sec., Treas. ■Other Vice President Other Other Anirudh Surya Nallakrishnan Anisha Malini Nallakrishnan Name: **■**Manager **■**Manager 6152 Willowood Lane 6152 Willowood Lane Address: Address: ☐Member ☐ Member Willowbrook, IL 60527 Willowbrook, IL 60527 □ Authorized □ Authorized Person Person Other Vice President Vice President Other □ Other Other Name: □ Manager □ Manager Name: \_\_\_ Address: \_\_\_\_\_\_ Address: ☐ Member ☐ 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), 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. Ravi Nallakrishnan

Typod or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAICO INTERNATIONAL 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAICO

INTERNATIONAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE,

A.D. 2018.

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

Authentication: 202391153

Date: 02-14-20

6953739 8300

SR# 20201132773