

M2000001951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

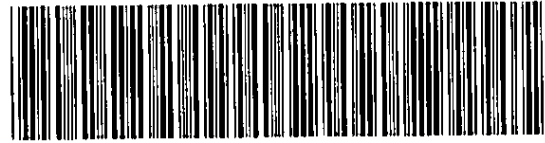
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/20--01018--021 **150.00

2020 FEB 19 PM 4:41

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FEB 19 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2020

GIRISH S THAKAR
611 DRUID ROAD EAST, SUITE 403
CLEARWATER, FL 33756 US

SUBJECT: THAKAR FINANCIAL LLC
Ref. Number: W20000016760

We have received your document for THAKAR FINANCIAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 320A00003577

Received
02/19/20

Attention: Judy Sadler

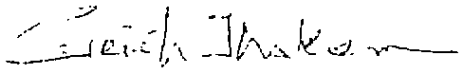
Fax: 850 245 6061

RE: Thakar Financial LLC, document ID: L20000037099

To whom it may concern,

We hereby state, we will not revoke the dissolution of Thakar Financial LLC. We release the name Thakar Financial LLC to any entity that would like to use it. I discussed this with Judy Sadler with the Florida Department of State division of corporations who was very helpful. Thank you for your assistance. Please let us know if you need anything else. Please contact Kevin Desquitado, at 813-476-0022 and let him know if you have the documents we mailed or if the rejected documents have been mailed back to us. Thank you. If you have the documents, along with this letter please process the LLC as a foreign entity doing business in the State of Florida.

Respectfully,



Girish Thakar, President/Owner Thakar Financial LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thakar Financial LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Girish S Thakar

Name of Person

Thakar Financial LLC

Firm/Company

611 Druid Road East, Suite 403

Address

Clearwater, FL 33756

City/State and Zip Code

girish.thakar@raymondjames.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Girish S Thakar

at (

412

901-0039

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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:

1. Thakar Financial LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania

26-3281129

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 01/06/2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 611 Druid Road East, Suite 403

6. 611 Druid Road East, Suite 403

(Street Address of Principal Office)

(Mailing Address)

Clearwater, FL 33756

Clearwater, FL 33756

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Girish S Thakar

Office Address: 611 Druid Road East, Suite 403

Clearwater 33756
(City) Florida (Zip 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.

(Registered agent's signature)

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<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Girish S Thakar</u>
<input checked="" type="checkbox"/> Member	Address: <u>611 Druid Road East Suite 403</u>
<input type="checkbox"/> Authorized	<u>Clearwater, Florida 33756</u>
Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____


☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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)

the Department of State constitutes a third degree felony as provided for in Article 1.04, Section 12, of the Texas Constitution.



Signature of an authorized person

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

01/04/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Thakar Financial LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC200104120126-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>