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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Good Essentials 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:

Venkata Chebolu

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6001 Oakbend Street, Apt 8108

\_\_\_\_\_  
Address

Orlando, Florida 32835

\_\_\_\_\_  
City/State and Zip Code

vrlchebolu@gmail.com

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

For further information concerning this matter, please call:

Venkata Chebolu

407

2226049

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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. Good Essentials 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. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FEI number, if applicable)

4.   
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30 N Gould St  
(Street Address of Principal Office)

6. 30 N Gould St  
(Mailing Address)

Ste R

Ste R

Sheridan, WY 82801

Sheridan, WY 82801

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

Name: Venkata Chebolu

Office Address: 6001 Oakbend Street, Apt 8108

Orlando  
(City)

Florida 32835  
(Zip code)

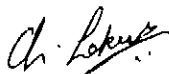
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Registered agent's acceptance:

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)

<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager</p> <p><input checked="" type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized</p> <p>Person</p> <p><input type="checkbox"/> Other _____</p>	<p><b><u>Name and Address:</u></b></p> <p>Name: <u>Anuradha Chebolu</u></p> <p>Address: <u>6001 Oakbend Street</u></p> <p><u>Apt 8108</u></p> <p><u>Orlando, FL 32835</u></p> <p><input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input checked="" type="checkbox"/> Authorized</p> <p>Person</p> <p><input type="checkbox"/> Other _____</p>	<p><b><u>Name and Address:</u></b></p> <p>Name: <u>Riley Park</u></p> <p>Address: <u>30 N Gould St Ste R</u></p> <p><u>Sheridan, WY 82801</u></p> <p><input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Member</p> <p><input type="checkbox"/> Authorized</p> <p>Person</p> <p><input type="checkbox"/> Other _____</p>	<p><b><u>Name and Address:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p>

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.

Ch. Lohr

Signature of an authorized person

Venkata Chebolu

Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

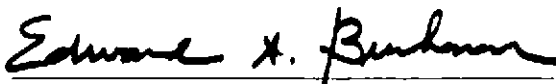
**Good Essentials LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 26, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000887347**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of February, 2020 at 6:01 AM. This certificate is assigned ID Number 034876734.



  
Secretary of State