

MI 20000004413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

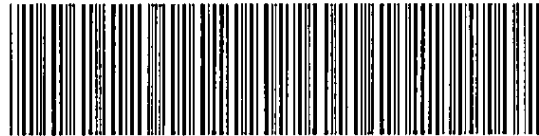
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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45

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 284301 8186030  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$155.00

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ORDER DATE : May 8, 2020  
ORDER TIME : 1:56 PM  
ORDER NO. : 284301-005  
CUSTOMER NO: 8186030

FOREIGN FILINGS

NAME: KALI MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kali Management, 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:

Scott Lodin

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

Kali Management, LLC

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

6100 Hollywood Boulevard, Suite 207

\_\_\_\_\_  
Address

Hollywood, Florida 33024

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

scottlodin@yahoo.com

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

For further information concerning this matter, please call:

Scott Lodin

954

744-4280

at ( )

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA

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. Kali Management, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2760515 (EIN)  
(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. 6100 Hollywood Boulevard, Suite 207  
(Street Address of Principal Office)

6. 6100 Hollywood Boulevard, Suite 207  
(Mailing Address)

Hollywood, FL 33024

Hollywood, FL 33024

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (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.

Amanda E. Robinson Amanda Robinson, Asst. Vice President  
(Registered agent's signature)

FILED  
2020 JAN 13 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**  **Manager** **Name and Address:**  
**Name:** Thirumalai Palanisamy  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other**

**Title or Capacity:**  **Manager** **Name and Address:**  
**Name:** Mohana Gounder  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other**

**Manager** **Name and Address:**  
**Name:** Veerappan Subramanian  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other**

**Manager** **Name and Address:**  
**Name:** Govindammal Subramanian  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other**

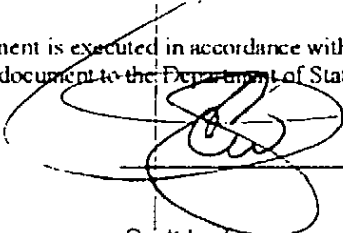
**Manager** **Name and Address:**  
**Name:** Anu Subramanian  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other**

**Manager** **Name and Address:**  
**Name:** Scott Lodin  
**Address:** 6100 Hollywood Blvd, Ste 20  
 Hollywood, FL, 33024  
 **Member**  
 **Authorized Person**  
 **Other** Springing Memb  **Other** Independent Mgr

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Scott Lodin  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KALI MANAGEMENT, 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 EIGHTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KALI MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2005.

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

FILED  
2020 MAY 13 11:45 AM  
SECRETARY OF STATE  
TAI AH  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

3960487 8300

SR# 20203628489

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202900047

Date: 05-08-20