M2100002035

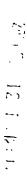
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800359786288

02/12/21--01014--015 **160.00



59/2017

COVER LETTER

JBJECT: _	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi
ase return a	all correspondence concerning this matter t	o the following:
	VASANTH THANGARAJU	
		Name of Person
	MEGSOURCE LLC	
		Firm/Company
	1535 BLUE MAGNOLIA RD	
		Address
	BRANDON, FL 33510	
	C	ity/State and Zip Code
	tvasanth.cit@gmail.com	
	E-mail address: (to be	used for future annual report notification)
or further inf	formation concerning this matter, please ca	П:
VAS	SANTH THANGARAJU	901 5520219 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
<u>Maili</u>	ing Address:	Street Address:
	stration Section	Registration Section
	sion of Corporations	Division of Corporations
	Box 6327	The Centre of Tallahassee
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

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

IN COMPLANCE WITH SECTION 06 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "L.L.C.")	
name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Liability Company," "L	I. C," or "I,I,C ")
DELAWARE		84-4617238	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0804 & 605 0805, F.S. to determin	egistration) re penalty liability (
1535 BLUE MAGNO	LIA RD	1535 BLUE MAGNOLIA RD 6.	
ect Address of Principal Office)		(Mailing Address)	
BRANDON, FL 33510		BRANDON, FL 33510	•
			-
			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
			_
Name:	VASANTH THANGARAJU		÷.
	1535 BLUE MAGNOLIA RD		
Office Address:			
Office Address:	BRANDON	33510 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: Title or Capacity: Name and Address: Name and Address: VASANTH THANGARAJU □Manager □ Manager Address: _ _ : ■Member □Member Address: BRANDON, FL 33510 □ Authorized □ Authorized Person Person □Other_ □Other___ □Other____ □Other _ □Manager □Manager Name: Name: _____ □Member □ Member Address: Address: □ Authorized □Authorized Person Person □Other_____ □Other____ □Other____ □Other_____ Name: ______ □ Manager □ Manager □ Member Address: □Member Address: □ Authorized □ Authorized Person Person 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. Signature of an authorized person VASANTH THANGARAJU

Typed 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 "MEGSOURCE 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 TWENTY-FIRST DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEGSOURCE LLC"

WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2020.

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



Authentication: 202334575

Date: 01-21-21

7836796 8300 SR# 20210176922