

M22000000409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

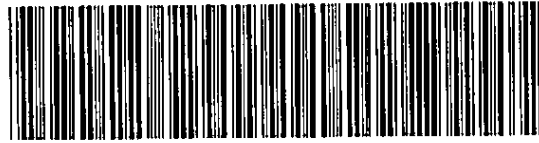
(Business Entity Name)

(Document Number)

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

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22 JAN -5 PM 9:11  
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T. LEMIEUX  
JAN -7 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAGNITUDE CONSULTING 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:

SAHIL SACHDEV  
Name of Person

Firm/Company

2710 W GRACE ST, TAMPA, FL 33607  
Address

TAMPA, FL, 33607  
City/State and Zip Code

SANJAYSACHDEV4 @ GMAIL . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANJAY SACHDEV at (213) 300-6284  
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

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

DOLLARBULL MAGNITUDE CONSULTING 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. \_\_\_\_\_  
(FEI number, if applicable)

4. NOT YET - WILL BE ACTIVE JANUARY 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2710 W. GRACE STREET  
(Street Address of Principal Office)

6. 2710 W. GRACE STREET  
(Mailing Address)

TAMPA, FL 33607

TAMPA, FL 33607

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

Name: SANTAY SALADEV

Office Address: 2710 W. GRACE STREET

TAMPA, Florida 33607  
(City) (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.

[Signature]  
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>SANJAY SACHDEV</u>	<input checked="" type="checkbox"/> Manager	Name: <u>BABITA SALHDEV</u>
<input checked="" type="checkbox"/> Member	Address: <u>2710 W. GRALE ST.</u>	<input checked="" type="checkbox"/> Member	Address: <u>2710 W. GRALE ST.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>TAMPA, FL 33607</u> <u>213-300-6234</u>	<input type="checkbox"/> Authorized Person	<u>TAMPA, FL 33607</u> <u>BOLHSD</u>
<input type="checkbox"/> Other	<u>Sony Park</u>	<input type="checkbox"/> Other	

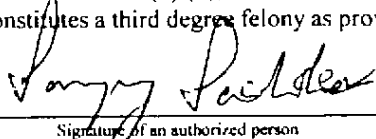
<input checked="" type="checkbox"/> Manager	Name: <u>SANJAY SACHDEV</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2710 W. GRALE ST.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>TAMPA, FL 33607</u> <u>Sachdev</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

**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  
SANJAY SACHDEV  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

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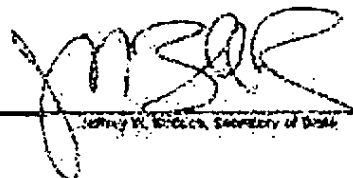
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGNITUDE CONSULTING 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-SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGNITUDE CONSULTING LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2020.

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



  
Jeffrey W. Bullock, Secretary of State

3385524 8300

SR# 20213617653

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

Authentication: 204515543

Date: 10-26-21