

M22000007077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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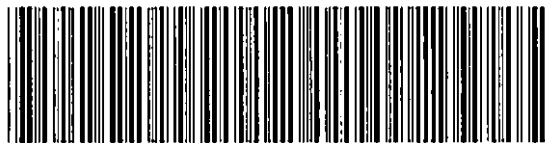
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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S. ROBERTS

MAY 17 2022

**CORPORATE  
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**PICK UP:** 5/17 DANNY

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**FOREIGN LLC**

1. **INTERSELL VENTURES LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**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. Intersell Ventures 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. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 05/17/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2866 Roosevelt Blvd  
(Street Address of Principal Office)

6. 2866 Roosevelt Blvd  
(Mailing Address)

Clearwater, FL 33760  
(City) , Florida 33760  
(Zip code)

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

Name: Annand Dhirmalani

Office Address: 2866 Roosevelt Blvd

Clearwater , Florida 33760  
(City) (Zip code)

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CLERK OF CIRCUIT COURT  
HILLSBORO COUNTY, FLORIDA

**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.*

Annand Dhirmalani  
(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 type="checkbox"/> Manager	Name: <u>Annand Dhimalani</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2866 Roosevelt Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Clearwater, FL 33760</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

Annand Dhimalani

Signature of an authorized person

Annand Dhimalani

Typed or printed name of signer

**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

<b>Entity Name:</b>	INTERSELL VENTURES LLC
<b>DOS ID Number:</b>	3548944
<b>Entity Type:</b>	DOMESTIC LIMITED LIABILITY COMPANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	07/27/2007
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	07/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

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<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	07/27/2007
<b>Entity Name:</b>	INTERSELL VENTURES LLC

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<b>Document Type:</b>	CERTIFICATE OF PUBLICATION
<b>Date of Filing:</b>	11/29/2007

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<b>Document Type:</b>	BIENNIAL STATEMENT
<b>Date of Filing:</b>	08/05/2009
<b>Effective Date:</b>	07/01/2009

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/03/2011  
**Effective Date:** 07/01/2011

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/26/2013  
**Effective Date:** 07/01/2013

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/03/2015  
**Effective Date:** 07/01/2015

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/10/2017  
**Effective Date:** 07/01/2017

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**Document Type:** CERTIFICATE OF CHANGE (BY AGENT)  
**Date of Filing:** 01/28/2019

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/17/2022  
**Effective Date:** 07/01/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on May 17, 2022 at  
09:49 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State