

7/13/22, 9:31 AM

Division of Corporations

# M22000010863

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H22000237928 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA000000001  
Phone : (305)854-6000  
Fax Number : (305)860-2076

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2022 JUL 13 AM 9:59

2022 JUL 13 AM 11:42

**Foreign Limited Liability Company**  
**CENTRAL FLORIDA INVESTMENT MANAGEMENT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 03       |
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S. ROBERTS

JUL 13 2022

**H22000237928 3****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. CENTRAL FLORIDA INVESTMENT MANAGEMENT LLC

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

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 58-3199978

(FEI number, if applicable)

4. Upon Filing(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability.)5. 600 Cleveland Street,

(Street Address of Principal Officer)

Suite 239Clearwater, Florida 337556. 600 Cleveland Street,

(Mailing Address)

Suite 239Clearwater, Florida 337557. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: SPIEGEL & UTRERA, P.A.Office Address: 1840 SW 22nd Street, 4th FloorMiami

(City)

, Florida33145

(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.

37. Natalia Utrera, Vice-President  
 (Registered agent's signature)

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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>Vijaya Krishna Reddy Toluganti Srinivasa</u> | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>600 Cleveland Street, Ste. 239</u>        | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Clearwater, FL 33755</u>                           | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____   | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____                  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | Name: _____   | <br><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 _____ |
| <br><input type="checkbox"/> Manager        | Name: _____   | <br><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.

  
Signature of an authorized person

Vijaya Krishna Reddy Toluganti Srinivasa

Typed or printed name of signer

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# Delaware

The First State

Page 1

I, **JEFFREY W. BULLOCK**, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CENTRAL FLORIDA INVESTMENT 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 TWELFTH DAY OF JULY, A.D. 2022.



6905754 8300

SR# 20222961501

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203892699

Date: 07-12-22

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