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(City/State/Zip/Phone #)

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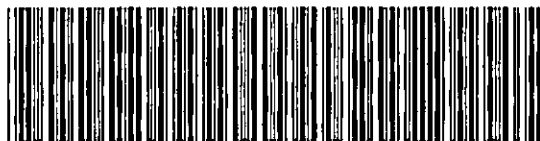
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APPROVED
AND
FILED
2022 AUG 12 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2022

K. Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBES GROUP 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:

RAMGOPAL REVURI
Name of Person

MBES GROUP LLC
Firm/Company

4872 GRASSENDALE TER
Address

SANFORD FL 32771
City/State and Zip Code

MBESGROUP95@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMGOPAL REVURI at (713) 213 2950
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. MBES GROUP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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

3. 85-3598329
(FEI number, if applicable)

4. 07/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 25937 Royston Pass Cir
(Street Address of Principal Office)

6. 25937 ROYSTON PASS CIR
(Mailing Address)

Aldie VA 20105

ALDIE VA 20105

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

Name:

RAMGOPAL REVURU

Office Address:

4872 GRASSENDAL TER

SANFORD

(City)

, Florida

3277

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 12 PM 1:44

APPROVED
AND
FILED

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.

Orsedy

(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>Kishan Kumar Meda</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Parthasarathi Bulusu</u>
<input type="checkbox"/> Member	Address: <u>9611 Harvest Pond Dr</u>	<input type="checkbox"/> Member	Address: <u>9133 Zander Dr</u>
<input type="checkbox"/> Authorized Person	<u>NW Concord NC 28027</u>	<input type="checkbox"/> Authorized Person	<u>Frisco TX 75036</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Ramgopal Revuri</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Vikram Kuchkull</u>
<input type="checkbox"/> Member	Address: <u>4872 Grassendale Ter</u>	<input type="checkbox"/> Member	Address: <u>25931 Royston Pass</u>
<input type="checkbox"/> Authorized Person	<u>Sanford FL 32771</u>	<input type="checkbox"/> Authorized Person	<u>Aldie VA 20105</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Reddi Prasad Nali</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>38 Sarasota Ln</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Morroe NJ 08331</u>	<input type="checkbox"/> Authorized 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.

RR Revuri

Signature of an authorized person

RAMGOPAL REVURI

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

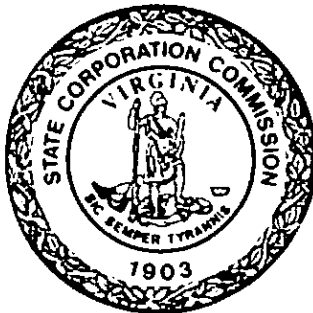
I Certify the Following from the Records of the Commission:

That MBES Group LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on October 23, 2020; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 14, 2022

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission