## M22000018700

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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S. FRANKLIN DEC 15 2022

## **COVER LETTER**

TO:

**Registration Section** 

Name of Limited Liability Company					
	ity Company for Authorization to Transact Business in Florida.  ove referenced foreign limited liability company to transact busi				
return all correspondence concerning this matt	er to the following:				
Sujay Namburi					
	Name of Person	-			
Synala LLC					
<u> </u>	Firm/Company				
8167 Dittmar Street					
	Address				
Port Charlotte, Florida, 33981					
<del></del> -	City/State and Zip Code	٠			
sujay@syaala.com		٠, ٢			
E-mail address: (to	be used for future annual report notification)				
ther information concerning this matter, please	e call:	ـــ کن ـــ			
Sujay Namburi	571 3761551 at ()				
Name of Contact Person	Area Code Daytime Telephone Number	•			
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				
Enclosed is a check for the following amoun					

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

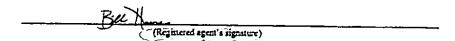
1. Synala LLC

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

f name unavailable, enter alternate men	ne adopted for the purpose of transacting business in Fi	orids. The afternate name must include "Limited Lis	bility Company." "L.L.C." or "L.L.
Delaware		_	
(Jurisdiction under the law of whice	h foreign limited liability company is organized)	3. (VEI combe	r. (l applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	egistration.) ne penalty liability)	
8167 Dittmar Street		8167 Dittmar Street	
rect Address of Principal Office)		(Maing Address)	
Port Charlotte		Port Charlotte	
Florida, 33981		Florida, 33981	
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	15 PH
Name:	Registered Agents Inc	<del></del>	ન ર જ
Office Address:	7901 4th Street N, Suite 300	)	
	St. Petersburg	Florida 33702	

-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.



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:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
≣Manager	Name: Sujay Namburi	□Manager	Name:	
□Member	Address: 8167 Dittmar Street	□Member	Address:	
□Authorized	Port Charlotte, Florida, 33981	□Authorized		·
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	· · · · · · · · · · · · · · · · · · ·
□Member	Address:	⊡Member	Address:	
□Authorized		□Authorized		<u> </u>
Person		Person		
□Other	Other	□Other		□Other
				1
□Manager	Name:	□Manager	Name:	- · · · · · · · · · · · · · · · · · · ·
□Member	Address:	□Member	Address:	<del>्र</del>
□Authorized		□Authorized		<u> </u>
Person		Person	<del></del>	) (7)
□Other	□Other_	□Other		□Other

<u>Important Notice:</u> 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.







I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYAALA 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 TENTH DAY OF OCTOBER, A.D. 2022.

200 - P.A. - 15 - P.A. - 15 - C.C.



Authentication: 204586109

Date: 10-10-22



October 30, 2022

SUJAY NAMBURI 8167 DITTMAR STREET PORT CHARLOTTE, FL 33981 US

SUBJECT: SYAALA LLC Ref. Number: W22000136778

We have received your document for SYAALA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 222A00024319

RECEIVED
DEC 1 5 2022