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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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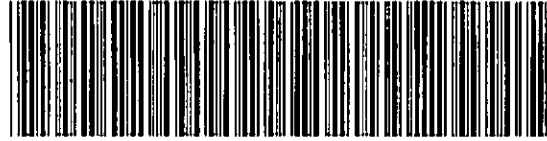
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Battu Rehoboth 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:

Vijay Battu
Name of Person

100 United Nations Plaza, 47C
Firm/Company
Address

New York, NY 10017
City/State and Zip Code

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

For further information concerning this matter, please call:

VISAY BATTU at (917) 5530750
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 605.02, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED FOR REGISTRATION AS A LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(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 "LLP.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

4. 12/28/22
(Date first transacted business in Florida, if prior to registration)
(See sections 605.06(1) & 605.06(3), F.S., to determine penalty liability.)

5. 100 UNITED NATIONS PLAZA, 47C 100 UNITED NATIONS PLAZA 47C
(Street Address of Principal Office) (Mailing Address)

NEW YORK NY 10017 NEW YORK NY 10017

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

Name: OSCAR ASHLEY

Office Address: 2701 MIDDLE RIVER DRIVE, APT 18

FORT LAUDERDALE, Florida 33306
(City) (Zip code)

2022 SEP 20 PM 3:15

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.

Oscar Ashley
(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>VISAY BATTU</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>100 UNITED NATIONS PLAZA</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>47C</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NEW YORK, NY 10017</u>	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.


Signature of an authorized person

VISAY BATTU
Typed or printed name of signee

Certificate of Formation
Of
Battu Rehoboth LLC

This Certificate of Formation is being executed as of September 8, 2022, for the purpose of forming a limited liability company, pursuant to the Delaware Limited Liability Company Act, 6 Del.C. 18-101, et seq.

The undersigned, being duly authorized to execute and file this Certificate, hereby certifies as follows:

1. The name of the Limited Liability Company is:

Battu Rehoboth LLC

2. The registered office of this limited liability company in the State of Delaware is One Commerce Center, 1201 N. Orange St., Suite 762, Wilmington, New Castle County, DE 19801 and its registered agent at that address is AmeriChoice Incorporators Ltd.

IN WITNESS WHEREOF, I Vijay Battu for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Act, do make this Certificate of Formation, acknowledging under the penalties of perjury in the third degree, hereby declaring and certifying that this Instrument is my act and deed and the facts herein are true, pursuant to 6 Del.C 18-204 and accordingly have hereunto set my hand the day and the year first above written.

/s/Vijay Battu
Vijay Battu
Authorized Person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BATTU REHOBOTH 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 FOURTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BATTU REHOBOTH LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2022.

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



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

7018665 8300

SR# 20224261725

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205090013

Date: 12-14-22