Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000621193)))



H230000621193ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

Email:	Address:		

Foreign Limited Liability Company TEKINVADERZ LLC

Certificate of Status	. 0
Certified Copy	l
Page Count	06
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

FEB 2 0 2023

COVER LETTER

13239628300

TO:	Registration Ser Division of Corp						
SUBJE	TEKINVAI	DERZ LLC					
			Name of Limi	ted Liability (Company		_
The enc Existence	losed "Applicationee, and check are	n by Foreign L ubmitted to re	imited Liability Company gister the above reference	for Authoriza i foreign limi	ation to Transact ted liability com	Business in Florida, pany to transact busi	" Certificate of ness in Florida.
Please 1	cturn all correspon	dence concerr	ning this matter to the follo	owing:			
	Cheyer	ne Moseley					
			Name	of Person	·······		-
	Legalzoom.com, Inc.						
			Firm/C	Company.			-
	101 N Brand Blvd 11th Fl						
	Address						
	Glendale, CA 91203						
	City/State and Zip Code						
	accounts	@tekinyaderz.c	com				
	=.	li-ma	il address: (to be used for	future annual	report notificati	on)	•
For furt	er information co	nceming this n	natter, please call:				
	Cheyenne Mose	ey	at	S00	773-0888		
		Name of Contr	*	Area Code	Daytime "	l'elephone Number	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301					
	Enclosed is a che Please make chec		wing amount: FLORIDA DEPARTME	NT OF STA	T E		
	□ \$125.00 Film	_	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANYTO TRANSACT BUNINESS IN THE STATE OF FLORIDA: TEKINVADERZ LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.E.C.," or "FLC") (If name unroutable, curer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Congrany," "L.E.C," or "L.I.C,") Illinois (Jurisdiction under the law of which foreign limited liability company is organized) 01/01/2023 (Date first mensicted business in Florida, if prior to reinstration.) (See sections 605 0901 & 605 0905, F.S. to determine penalty hability) (Street Address of Principal Office) (Mailing Address) 2490 E OAKTON ST STE #A 2490 E OAKTON ST STE #A Arlington Heights, Illinois 60005 Arlington Heights, Illinois 60005 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vishnu Teja Name: 9385 N 56th St., Suite 203 Office Address: Temple Terrace 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. Vishnu Teja

(Registered agent's vignature)

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>y:</u>	Name and Address:
Manager	Name: Sowmya Yadlapati	Manager	Name:	
Member	Address: 9385 N 56th St., Suite 203	Member	Address:	
Authorized	Temple Terrace, Florida 33617	Authorized		
Person	W	Person	7-11111-Fabrus add, and Madesage and	
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Person		Person		
Other	Other	Other		Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.02 ment to the Department of State constitutes a	Florida Department of Sta	te Annual Reporte official having a translation as. I am aware the	ort form. In greatedy of records in the of the certificate under oath that any false information.

Typed or printed name of uguee

Sowmya Yadlapati

File Number

0482751-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TEKINVADERZ LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 02, 2014. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of FEBRUARY A.D.

Authentication #: 2304701194 verifiable until 02/16/2024

Authenticate at. https://www.ilsos.gov