2380

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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200398242382

12/01/22--01012--012 **87.50

02/23/23--01008--021 **72.50

FEB 23 2023 K. Brumbley



December 28, 2022

HARINDAR REDDY **2nd mail** 2384 SIMONSON DR WELLINGTON, FL 33414 US

SUBJECT: BOSE SOFTWARE SYSTEMS INC

Ref. Number: W22000153783

We have received your document for BOSE SOFTWARE SYSTEMS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

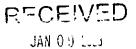
There is a balance due of \$72.50.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 222A00027755



COVER LETTER

Daga Ca	Arring Statemen LLC		
	ftware Systems LLC		
	Namo	of Limited Liability Con	npany
			on to Transact Business in Florida," Certificate liability company to transact business in Flor
Please return all corre	spondence concerning this matter to	o the following:	
Har	indar Reddy		
		Name of Person	······································
Bos	e Software Systems LLC		
		Firm/Company	
238	4 Simonson Dr		
_		Address	
We	llington, FL 33414		
	C	ity/State and Zip Code	
harin	darreddy@yahoo.com		
	E-mail address: (to be	used for future annual re	port notification)
For further information	n concerning this matter, please cal	II:	
Harindar Re	ddy	858 at ()	-717-0362
	Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Ado	lress:	Street Address:	
Registratio	Registration Section		tion
Division o	f Corporations	Division of Corporations	
P.O. Box 6	5327	The Centre of Tallahassee	
Tallahasse	e, FL 32314	2415 N. Monroe	Street, Suite 810
		Tallahassee, FL	32303
	check for the following amount: check payable to: FLORIDA DEP	ARTMENT OF STATE	
□ \$125.00 I		e & 🔲 \$155.00 Filing	g Fee & 🔲 \$160.00 Filing Fee, Certificate
			Q 72-30

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:

	name adopted for the purpose of transacting business in I	florida. The	alternate name must include "Limited Lial	bility Company," "L.L.C," o	or "LLC.";
(Jurisdiction under the law of which foreign limited liability company is organize		3.	(FEI number		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	r, (fapplicable)	
,	(Date first transacted business in Florida if near to	n projetratan			•
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	nine penalty	liability)		
2384 Simonson Dr		6.	2384 Simonson Dr		
treet Address of Principal Office)		0.	(Mailing Address)		
Wellington, FL - 33414	4		Wellington, FL- 33414		
				202	
Name and street address Name:	ss of Florida registered agent: (P.O. Bo: Harindar Reddy	x <u>NOT</u> a	icceptable)	JAN -9 PH 12:	FLED
Office Address:	2384 Simonson Dr			. 29	
	Wellington		33414 , Florida(Zip code)		
					

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 Capacity: Name and Address: Harindar Reddy Name: ■ Manager □Manager Name: 2384 Simonson Dr Address: □Member Address: _____ ☐ Member Wellington, FL-33414 □ Authorized ☐ Authorized Person Person Other □Other_____ Other Other Name: _____ Name: □Manager □Manager Address: Address: □Member □Member ☐ Authorized □ Authorized Person Person □Other _____ □Other □Other Other □Manager Manager □Member Address: ____ □ Member Address: ☐ Authorized □ Authorized Person Person □Other_____ □Other____ Other____ □Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Harindar Reddy

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BOSE SOFTWARE SYSTEMS, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022.



Authentication: 204907727

Date: 11-22-22