

M2300003714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



100405048791

S. FRANKLIN

MAR 23 2023

RECEIVED
2023 MAR 22 PM 1:49
DIRECTOR'S OFFICE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/22/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1132425

ORDER ENTITY
DYNAMIC CHANNELSIDE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DYNAMIC CHANNELSIDE LLC (FL)

File the attached foreign qualification document

NOTES:

\$1,041.25 Authorized (\$125.00 filing fee, \$500.00 penalty and \$416.25 (3 years @ \$138.75 per annual report)).

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: _____ Dynamic Channelside 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:

Brenda Hodges Binder, Paralegal
Name of Person

Chambliss, Bahner & Stophel, P.C.
Firm/Company

605 Chestnut Street, Suite 1700
Address

Chattanooga, TN 37450
City/State and Zip Code

business@chamblisslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Hodges Binder, Paralegal at (423) 321-0317
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. Dynamic Channelside LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 85-3383815
(FEI number, if applicable)

4. December 10, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 817 Broad Street, Suite 201
(Street Address of Principal Office)

6. 817 Broad Street, Suite 201
(Mailing Address)

Chattanooga, TN 37402-2629

Chattanooga, TN 37402-2629

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

NRAI Services, Inc.

By: Natalie Leiba-Paul
(Registered agent's signature)

Natalie Leiba-Paul - Assistant Secretary

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>Roshan Amin</u>	<input type="checkbox"/> Manager	Name: <u>Bhupendra Bhagat</u>
<input checked="" type="checkbox"/> Member	Address: <u>817 Broad Street, Suite 201</u>	<input checked="" type="checkbox"/> Member	Address: <u>817 Broad Street, Suite 201</u>
<input type="checkbox"/> Authorized	<u>Chattanooga, TN 37402-2629</u>	<input type="checkbox"/> Authorized	<u>Chattanooga, TN 37402-2629</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Zik Adamovik</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>817 Broad Street, Suite 201</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Chattanooga, TN 37402-2629</u>	<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.

Designated by

Roshan Amin

Signature of an authorized person

Roshan Amin, Managing Member

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CAPITAL FILING SERVICE
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

March 22, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0521915

Issuance Date: 03/22/2023
Copies Requested: 1

Document Receipt

Receipt #: 007935717
Payment-Credit Card - State Payment Center - CC #: 3847500440

Filing Fee: \$20.00
\$20.00

Regarding: Dynamic Channelside LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 10/25/2019
Status: Active
Duration Term: Perpetual
Business County: HAMILTON COUNTY

Control #: 1059075
Date Formed: 10/25/2019
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Dynamic Channelside LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 059577427