

M230000006993

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIDDHI FINANCIALS 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:

Vijaya L. Lagudu

Name of Person

SIDDHI FINANCIALS LLC

Firm/Company

1900 Boothe Circle, Suite 100

Address

Longwood, FL 32750

City/State and Zip Code

info@siddfi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijaya L. Lagudu

610 977-3058

Name of Contact Person

at (_____) _____

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 ☐ \$120.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee & ☐ \$165.00 Filing Fee &

05/09/2023

To,
Florida Division of Consumer Finance
Office of Financial Regulation

Sub: Siddhi Financials LLC - NMLS - 2236911 – Name Release Affidavit for Qualification

It was brought to our attention that we filed new entity in Florida instead of filing for Qualification, so we have dissolved "SIDDHI FINANCIALS LLC" in Sunbiz.org bearing document number **L23000160728** as we are now requesting Florida qualification in the name of SIDDHI FINANCIALS LLC.

This letter also serves as name release request of SIDDHI FINANCIALS LLC to use for Florida qualification.

Please feel free to contact me if you have any questions at below.

Vijaya Lagudu

Phone – 610-977-3058

Email - info@siddfi.com

I certify that the foregoing is true.



Vijaya L Lagudu, CEO.
(On behalf of Siddhi Financials Inc.)

SIDDHI FINANCIALS INC

www.siddfi.com

1900 Boothe Circle, Suite 100

Longwood, FL 32750.

**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. SIDDHI FINANCIALS 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. Delaware 3. 87-2181019
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 651 N Broad St Suite 201 6. 651 N Broad St Suite 201
(Street Address of Principal Office) (Mailing Address)

Middletown Middletown

Delaware 19709 Delaware 19709

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

Name: SUNIL MURTHY

Office Address: 1500 NESTLEWOOD TRL

ORLANDO 32837
(City) Florida (Zip code)

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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.

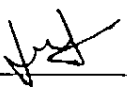
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: John Karanth	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1900 Boothe Circle, Suite 100	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Longwood, FL 32750	<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 _____
<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

John Karanth

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIDDHI FINANCIALS 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 MAY, A.D. 2023.



6163869 8300

SR# 20231930125

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

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203321665

Date: 05-10-23