

M23000011711

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL



Bronchick & Associates, PC
ATTORNEYS AND COUNSELORS AT LAW

9250 E. Costilla Avenue, Suite 515, Greenwood Village, CO 80112
Tel 303-398-7032 | Fax 720-853-3520 | www.bronchicklaw.com

August 23, 2023

Dear Florida Department of State Division of Corporation,

Please see enclosed request to register a foreign limited liability company. Also included in letter of good standing with WY and payment.

Please send completed documents/acknowledgements to the following:

Nora MacDonald
9250 E Costilla Ave Suite 515
Greenwood Village, CO 80112

Sincerely,

BRONCHICK & ASSOCIATES, PC
By Nora MacDonald, Senior Paralegal

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

2802 Rentals2Wealth LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 11, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001297388**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of August, 2023 at 2:29 PM. This certificate is assigned ID Number 064567120.



A handwritten signature in cursive script, reading 'Chuck Gray', written over a horizontal line.

Secretary of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2802 Rentals2Wealth 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:

William Bronchick

Name of Person

Firm/Company

9250 E Costilla Ave Suite 515

Address

Greenwood Village, CO 80112

City/State and Zip Code

sherrypeter_g@yahoo.com

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

For further information concerning this matter, please call:

William Bronchick

303

398-7032

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

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 2802 Rentals2Wealth 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. Wyoming

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

3. N/A

(FEI number, if applicable)

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

5. 329 NW 25th Ter

(Street Address of Principal Office)

6. 329 NW 25th Ter

(Mailing Address)

Cape Coral, FL 33993

Cape Coral, FL 33993

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

Name: Sherry Geevergheese

Office Address: 329 NW 25th Ter

Cape Coral, Florida 33993
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL.

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.

(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 checked="" type="checkbox"/> Manager	Name: <u>Sherry Peter Tharayil Geeverghee</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Nipul Chhotubhai Patel</u>
<input checked="" type="checkbox"/> Member	Address: <u>329 NW 25th Ter</u>	<input checked="" type="checkbox"/> Member	Address: <u>2004 Junewood Ln</u>
<input type="checkbox"/> Authorized	<u>Cape Coral, FL 33993</u>	<input type="checkbox"/> Authorized	<u>Morrisville, NC 27560</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Saraj Radhakrishna Pillai</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bijesh Bhaskaran</u>
<input checked="" type="checkbox"/> Member	Address: <u>1344 Gilwood Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>414 Hopwood Way</u>
<input type="checkbox"/> Authorized	<u>Apex, NC 27523</u>	<input type="checkbox"/> Authorized	<u>Apex, NC 27523</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Sreejith Venu</u>	<input checked="" type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>3 Genevieve Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Acton, MA 01720</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

William Bronchick

Typed or printed name of signer