M23000012126

| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (Addless) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Statu | 15 |
| Special Instructions to Fillian Office. | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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SEP 21 2023 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 09/21/2023 | |
|-----------|--------------------------------------|--------------|
| | Xavian Brown | |
| | e #:2123677 | - |
| | me: ADITI CON | ISULTING LLC |
| | icles of Incorporation/Authorization | |
| ☐ An | nendment | |
| Ch | ange of Agent | |
| ☐ Re | instatement | |
| Co | nversion | |
| □ Ме | erger | |
| ☐ Dis | ssolution/Withdrawal | |
| ☐ Fic | titious Name | |
| Ot | her | |
| | | |
| Authorize | d Amount: \$125.00 | |
| Signature | ×Pm- | |

F: +852.2682.9790

COVER LETTER

| SUBJE | Aditi Consu | ulting LLC |
|------------------|--|--|
| SOBJE | | ited Liability Company |
| | | r for Authorization to Transact Business in Florida," Certificated foreign limited liability company to transact business in Florida |
| Pleas e г | return all correspondence concerning this matter to the follo | owing: |
| | Name | of Person |
| | Apex Law | Group, PLLC |
| | Firm/0 | Сотралу |
| | 200 1st Av | e W, Ste 104 |
| | A | ddress |
| | Seattle, | WA 98119 |
| | City/State | and Zip Code |
| | | onsulting.com r future annual report notification) |
| For furt | ther information concerning this matter, please call: | Tuture annual report notification) |
| | Coleman Scroggins | 206 , 488-7000 |
| | Name of Contact Person | Area Code Daytime Telephone 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, FL 32301 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME | ENT OF STATE |
| | \$125.00 Filing Fee \$\sum \text{\$\sum \$130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & \$160.00 Filing Fee, 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:

| i | (Name of Foreign Lin | Aditi Cor nited Liability Company, must include "L | nsulting LLC | mpany," "L.L.C.," | or "LLC.") | | | | |
|----------|---------------------------------------|---|--------------------------|------------------------|----------------------|---|------------|-------------------|--|
| (if na | ame unavailable, enter alternate name | adopted for the purpose of transacting business | in Florida The alterna | te name must include ' | 'Limited Liability (| Соптрану," "С | L.C," or | "LLC.") | |
| 2. | | 3 | | | 26-465679 | | | | |
| <u>-</u> | (Jurisdiction under the law of which | foreign limited liability company is organized) | _ | | (FEI number, if | applicable) | | | |
| 4. | | (Date first transacted business in Florida, if p | rior to registration) | _ | _ | _ | | | |
| | | (See sections 603.0404 & 603.0403, F.S. to c | letermine penalty liabil | | | | | | |
| 5. | • | Way STE E305 | 6 | 11820 Nor | • | , STE E | 305 | | |
| | (Street Address of Prun | cipal Office) | | (. | Mailing Address) | | | | |
| - | Bellevue, WA | | _ | Bellev | /ue, Wash ——— | nington | | | |
| _ | 98005 | | 98005 | | | | | | |
| 7. | Name and street address of | of Florida registered agent: (P.O. | Box NOT acco | eptable) | | 注 (A) | 2023 SEP 2 | ٠ - الد : : | |
| | Name: | Cogency Global | Inc. | . | | |) PH | | |
| | Office Address: _ | 115 North Calhoun St | . Suite 4 | _ | | 77 X+ | Ħ 6: ₹3 | ţ | |
| | _ | Tallahassee | | , Florida | 32301 | | | | |
| | _ | (Cíty) | <u> </u> | _ | (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.

| dorserous | Seives | Ieremy Seims, Assistant Secretary of Cogency Global Inc |
| (Registered agent's signature)

| | | Name and Address: | Title or Capacity | <u>:</u> | Name and Address |
|--|--|---|--|--|---|
| ×Manager | Name: | Raja Narayana | ☐ Manager | Name: | |
| Member | Address: | 11820 Northup Way | ☐ Member | Address: | |
| Authorized | - | Ste E305 | Authorized | | |
| Person | Be | ellevue, WA 98005 | Person | | . <u> </u> |
| Other | | Other | Other | | Other |
| Manager | Name: | | ∐ Manager | Name: | |
| Member | Address: | |] Member | Address: _ | |
| Authorized | | | Authorized | | |
| Person | | | Person | | |
| Other | | Other | Other | <u>-</u> | Other |
| Manager | Name: | | ☐ Manager | Name: | |
| Member | Address: | | Member | Address: _ | |
| Authorized | | | Authorized | | |
| Person | | | Person | | |
| Other | | Other | Other | | Other |
| Member Authorized Person Other mportant Notice: Undexed individuals Attached is a cert urisdiction under the of the translator must | se an attachm may be added ificate of exis e law of whice to be submitte | Other ent to report more than six (6 I to the index when filing you tence, no more than 90 days o h it is organized. (If the certif | Authorized Person Other The attachment will be im r Florida Department of Statold, duly authenticated by the ficate is in a foreign language D203 (1) (b), Florida Statute | Address: naged for repote Annual Repote official havie, a translations. I am aware t | Other_ orting purposes port form. ng custody of n of the certific |
| a accui | | Comments of State Constitutes | - DocuSigned by: | | |

Typed or printed name of signee

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ADITI CONSULTING LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/27/2009.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/19/2023 UBI Number: 602 921 843

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

in R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/19/2023

