

M24000004606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

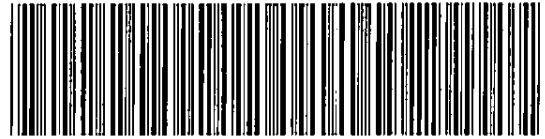
(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL VENSIL LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company to Authenticate 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:

Rama Mohan Rao Valiveti

Name of Person

REAL VENSIL LLC

Firm Company

4967 Parkview Dr

Address

Saint Cloud, FL 34771

City, State and Zip Code

ramavaliveti@hotmail.com

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

For further information concerning this matter, please call:

Rama Valiveti

732

470-0696

at

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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

IN COMPLIANCE WITH SECTION 605.09(2) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(if name unavailable) enter alternate name adopted for the purpose of analysis; include date of adoption if available; e.g., "Cottonwood" or "Elm"

4. _____ Date first transacted business in Florida: _____
See sections 605.004 & 605.005 for determination of date.

4967 Parkview Dr. 5. _____ (Street Address) of Principal Office	4967 Parkview Dr. 6. _____ Mailing Address
Saint Cloud, FL 34771	Saint Cloud, FL 34771

Saint Cloud

Florida

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.

Report of the Secretary of the

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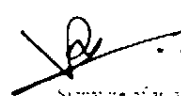
8. For initial indexing purposes, list names, title or capacity and address of the primary members, managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name:	Rama Mohan Rao Valiveti		☐ Manager	Name:	Vinaya Lakshmi Valiveti	
☒ Member	Address:	4967 Parkview Dr.		☒ Member	Address:	4967 Parkview Dr.	
☐ Authorized		Saint Cloud, FL 34771		☐ Authorized		Saint Cloud, FL 34771	
Person				Person			
☐ Other				☐ Other			
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized				☐ Authorized			
Person				Person			
☐ Other				☐ Other			
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized				☐ Authorized			
Person				Person			
☐ Other				☐ 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 17.155, F.S.



 Signature of an authorized person
 Rama Mohan Rao Valiveti

 Digital printed name of officer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

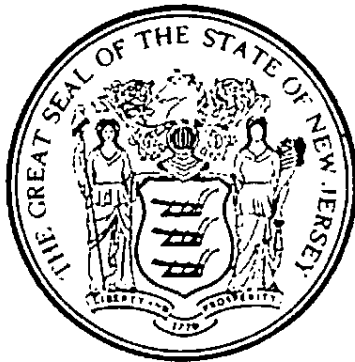
REALVENSIT LLC
025017635

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 14, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VENKAT POTHU R
15 CORPORATE PLACE SOUTH #212
PISCATAWAY, NJ 08854



*IN TESTIMONY WHEREOF I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of March, 2024.*

Elizabeth Mauer Muolo
State Treasurer

Certificate Number: 025017635

View this certificate online at:

https://www.state.nj.us/TRE_StandingCert/SPV.asp?C=025017635