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2024 MAR -8 PM 3:23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: REAL VENSIT 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:

Rama Mohan Rao Valiveti
Name of Person

REAL VENSIT, 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 at 732 470-6990
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

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. REAL VENSIT, 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. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. 10/01/2023
(Date first transacted business in Florida, if prior to registration.
See sections 605.0504 & 605.0505, F.S., to determine if penalty applies.)

5. 4967 Parkview Dr.
(Street Address of Principal Office)

or 4967 Parkview Dr
(Mailing Address)

Saint Cloud, FL 34771

Saint Cloud, FL 34771

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

Name: Rama Mohan Rao Valiveti

Office Address: 4967 Parkview Dr

Saint Cloud, Florida 34771
(City) (Zip Code)

FILED
2024 MAR -8 PM 3:23

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 address of the primary members, managers or persons authorized to manage [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Rama Mohan Rao Valiveti	Manager	Name: Vijaya 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	Other	☐Other
☐Manager	Name:	Manager	Name:
☐Member	Address:	Member	Address:
☐Authorized		Authorized	
Person		Person	
☐Other	☐Other	Other	☐Other
☐Manager	Name:	Manager	Name:
☐Member	Address:	Member	Address:
☐Authorized		Authorized	
Person		Person	
☐Other	☐Other	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. 817.155, F.S.

Signature of an authorized person

Rama Mohan Rao Valiveti

Typed or printed name of person

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

REALVENSIT LLC
0250170[illegible]

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 POTHURI
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 Maher Muoio
State Treasurer

Certificate Number: [illegible]

Verify this certificate online at

https://[illegible].state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp