

M24000009151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W240000 65224

Office Use Only



000427022330

04/10/24--01020--010 **180.00

2024 JUN 11 AM 8:58

2024 JUN 11 AM 8:58

2024 JUN 11 AM 8:58

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPIC ESTATES SARASOTA 1420 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:

JORDAN LULICH, ESQ.

Name of Person

LULICH & ATTORNEYS, P.A.

Firm/Company

1069 MAIN STREET

Address

SEBASTIAN, FL 32958

City/State and Zip Code

JORDAN@LULICH.COM

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

For further information concerning this matter, please call:

JORDAN LULICH, ESQ.

772 589-5500
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

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. EPIC ESTATES SARASOTA 1420 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. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 708 HORIZON ST
(Street Address of Principal Office)

6. 17350 STATE HWY 249, STE 220
(Mailing Address)

FLOWER MOUND, TX 75028
HOUSTON, TX 77064

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

Name: JORDAN LULICH, ESQ.

Office Address: 1069 MAIN ST.

SEBASTIAN, Florida 32958
(City) (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.

Jordan Lulich
ID 0APu6TRCmNnyYCHfG3SGhbd

(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: VENKATESH YERRAMSETTY

☒ Member Address: 708 HORIZON ST.

☐ Authorized FLOWER MOUND, TX 75028

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: SRI DEVI YERRAMSETTY

☒ Member Address: 708 HORIZON ST.

☐ Authorized FLOWER MOUND, TX 75028

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.817.155, F.S.

VENKATESH YERRAMSETTY

Signature of an authorized person

Venkatesh Yerramsetty

ID 3B7LuBCjmXzLPHG9GckZ09u

Typed or printed name of signee

eSignature Details

Signer ID: DAPui6TRCmkNyYCHFg35Ghbd
Signed by: Jordan Lulich
Sent to email: jordan@lulich.com
IP Address: 96.94.91.206
Signed at: Apr 8 2024, 1:37 pm EDT

Signer ID: 3B7LuBCjmXzLfHG9QGckZQ9u
Signed by: Venkatesh Yerramsetty
Sent to email: ysrivenllc@gmail.com
IP Address: 172.59.192.14
Signed at: Apr 8 2024, 1:51 pm EDT