

M240000012304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

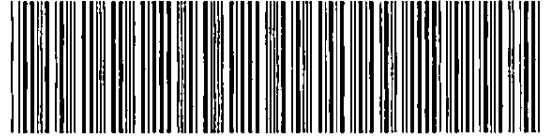
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 25 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 SEP 25 11:10:52

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

LOTUS HOSPITALITY GROUP 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:

KOKIL CHACHRA

Name of Person

LOTUS HOSPITALITY GROUP LLC

Firm/Company

6430 CR-16A, LOT C

Address

ST AUGUSTINE, FL 32092

City/State and Zip Code

INFO@LOTUSHOSPITALITYGROUP.COM

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

For further information concerning this matter, please call:

KOKIL CHACHRA

914

4039599

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 &  
s 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. LOTUS HOSPITALITY GROUP LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FRUIT TREES ONLY 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3434855  
(FEI number, if applicable)

4. JUNE 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6430 CR-16A, LOT C  
(Street Address of Principal Office)

6. 6430 CR-16A, LOT C  
(Mailing Address)

ST AUGUSTINE, FL 32092

ST AUGUSTINE, FL 32092

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

Name: KOKIL CHACHRA

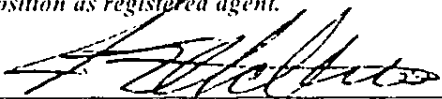
Office Address: 2808 S PORTOFINO ROAD

ST AUGUSTINE, Florida 32092  
(City) (Zip code)

2024 SEP 25 AM 10:52

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)

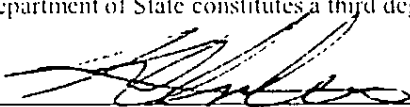
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u>       |  | <u>Title or Capacity:</u>                  |          | <u>Name and Address:</u>       |  |
|--|----------|--------------------------------|--|--|----------|--------------------------------|--|
| <input type="checkbox"/> Manager           | Name:    | KOKIL CHACHRA                  |  | <input type="checkbox"/> Manager           | Name:    | SUSHIL CHACHRA                 |  |
| <input checked="" type="checkbox"/> Member | Address: | 2808 S PORTOFINO ROAD          |  | <input checked="" type="checkbox"/> Member | Address: | 2808 S PORTOFINO ROAD          |  |
| <input type="checkbox"/> Authorized        |          | ST AUGUSTINE, FL 32092         |  | <input type="checkbox"/> Authorized        |          | ST AUGUSTINE, FL 32092         |  |
| Person                                     |          |                                |  | Person                                     |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
| <br>                                       |          |                                |  | <br>                                       |          |                                |  |
| <input type="checkbox"/> Manager           | Name:    |                                |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member            | Address: |                                |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized        |          |                                |  | <input type="checkbox"/> Authorized        |          |                                |  |
| Person                                     |          |                                |  | Person                                     |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  |
| <br>                                       |          |                                |  | <br>                                       |          |                                |  |
| <input type="checkbox"/> Manager           | Name:    |                                |  | <input type="checkbox"/> Manager           | Name:    |                                |  |
| <input type="checkbox"/> Member            | Address: |                                |  | <input type="checkbox"/> Member            | Address: |                                |  |
| <input type="checkbox"/> Authorized        |          |                                |  | <input type="checkbox"/> Authorized        |          |                                |  |
| Person                                     |          |                                |  | Person                                     |          |                                |  |
| <input type="checkbox"/> Other             |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other             |          | <input type="checkbox"/> 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

KOKIL CHACHRA  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOTUS HOSPITALITY GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOTUS HOSPITALITY GROUP LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6188229 8300

SR# 20243766334

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204465271

Date: 09-24-24