

M24000014297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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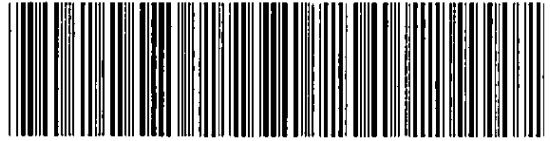
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 23 2024

600437776756

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANSAR TEC, 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:

SANDEEP BHARADWAJ

Name of Person

SANSAR TEC

Firm/Company

204 White Horse Pike, Suite C

Address

Haddon Heights, NJ, 08035

City/State and Zip Code

sandeep@sansartec.com

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

For further information concerning this matter, please call:

SANDEEP BHARADWAJ

716 866 7887
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. SANSAR TEC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

NA

(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 3. 47-3355674
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

NA

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

5. 204 White Horse Pike, Suite C, Haddon Heights, N 6. 2530 Roveri Avenue, Apopka, FL 32712
(Street Address of Principal Office) (Mailing Address)

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

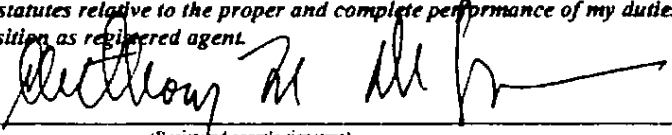
Name: Anthony DiSanza

Office Address: 2530 Roveri Avenue

Apopka 32712
(City) , Florida (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.


(Registered agent's signature)

2016-07-23 PM 0:00

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: Sandeep Bharadwaj

☐ Member Address: 204 White Horse Pike, Suite C,

☐ Authorized Haddon Heights, NJ, 08035

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sarah Eberz

☒ Member Address: 204 White Horse Pike, Suite C,

☐ Authorized Haddon Heights, NJ, 08035

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Anthony DiSanza

☐ Member Address: 2530 Roveri Avenue

☒ Authorized Apopka, FL 32712

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

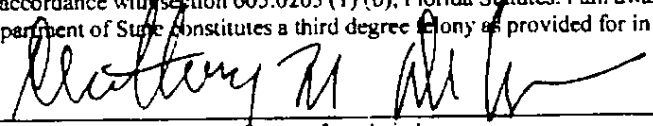
Person _____

☐ 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.



Signature of an authorized person

Anthony M DiSanza

Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**SANSAR TEC, LLC
0400727452**

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 February 26, 2015.

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:

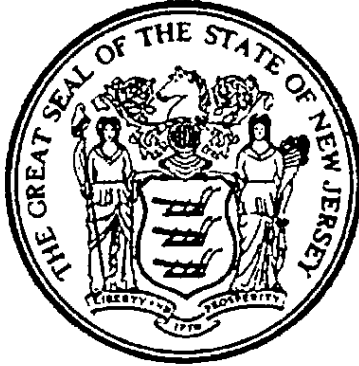
**SANDEEP BHARADWAJ
127 10TH AVE
HADDON HEIGHTS, NJ 08035**

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

<i>Annual Report Filing with address change</i>	<i>03/14/2016</i>
<i>Annual Report filing with officer/member change</i>	<i>03/14/2016</i>
<i>REVOKED FOR FAILURE TO PAY ANNUAL REPORTS</i>	<i>09/16/2018</i>
<i>REINSTATED (ANNUAL REPORTS)</i>	<i>02/17/2020</i>
<i>REVOKED FOR FAILURE TO PAY ANNUAL REPORTS</i>	<i>09/16/2022</i>
<i>CHANGE OF AGENT AND OFFICE</i>	<i>03/21/2023</i>
<i>REINSTATEMENT WITH AGENT CHANGE</i>	<i>03/21/2023</i>

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

SANSAR TEC, LLC
0400727452



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of July, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6155393540

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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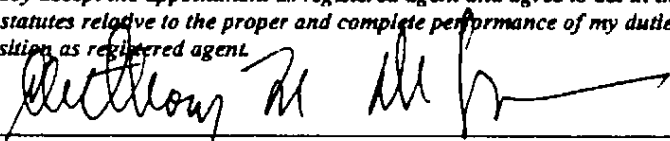
5. 204 White Horse Pike, Suite C, Haddon Heights, NJ 2530 Roveri Avenue, Apopka, FL 32712
(Street Address of Principal Office) (Mailing Address)

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

Name: Anthony DiSanza
Office Address: 2530 Roveri Avenue
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(City) (Zip code)

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(Registered agent's signature)

2024 OCT 23 PM 4:58

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

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☐ Member Address: 204 White Horse Pike, Suite C,

☐ Authorized Haddon Heights, NJ, 08035

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Anthony DiSanza

☐ Member Address: 2530 Roveri Avenue

☒ Authorized Apopka, FL 32712

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sarah Eberz

☒ Member Address: 204 White Horse Pike, Suite C,

☐ Authorized Haddon Heights, NJ, 08035

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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☐ Authorized _____

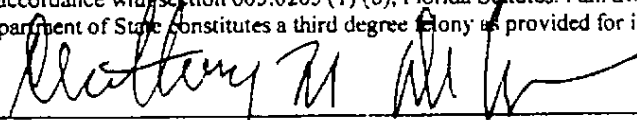
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Signature of an authorized person

Anthony M DiSanza

Typed or printed name of signer

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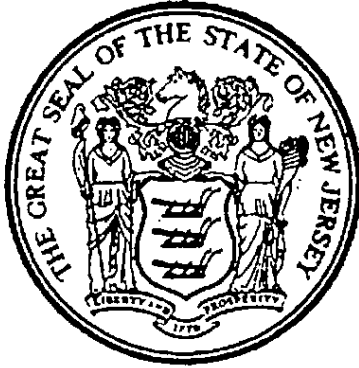
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DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

SANSAR TEC, LLC
0400727452



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of July, 2024*



*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6155393540

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp