

M25000007974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

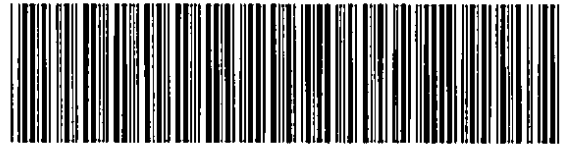
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
6-3-25

Office Use Only



100400158351

06/04/25--01005--002 **125.00

FILED
2025 JUN -3 AM 8:29
CLERK OF STATE
JULY 1 2025

M. SOLOMON
JUN - 4 2025

MS

COVER LETTER

TO: Registration Section
Division of Corporations

Sondhi Solutions, LLC

SUBJECT: _____
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:

Cameron Owen

Name of Person

Sondhi Solutions, LLC dba EXOS

Firm/Company

135 N Pennsylvania St Ste 2300

Address

Indianapolis, IN 46204

City/State and Zip Code

cowen@weareexos.com

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

2025 JUN -3 AM 8:29

FILED

For further information concerning this matter, please call:

Cameron Owen

317

600-6122

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. Sondhi Solutions, 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. Indiana (Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1111747 (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. 135 N Pennsylvania St
(Street Address of Principal Office)

6. 135 N Pennsylvania St
(Mailing Address)

Ste 2300

Ste 2300

Indianapolis, IN 46204

Indianapolis, IN 46204

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

Name: Northwest Registered Agent LLC

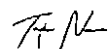
Office Address: 7901 4th St N STE 300

St. Petersburg , Florida 33702
(City) (Zip code)

FILED
2025 JUN -3 AM 8:29
STATE

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):

Title or Capacity: Name and Address:
☒ Manager Name: Jason Sondhi
☐ Member Address: 7418 Washington Blvd
☐ Authorized Indianapolis, IN 46240
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Burdick
☒ Member Address: 11929 Forest Drive
☐ Authorized Carmel, IN 46033
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Ryan Vaughn
☒ Member Address: 230 W Sycamore St
☐ Authorized Zionsville, IN 46077
Person
☐ Other _____ ☐ Other _____

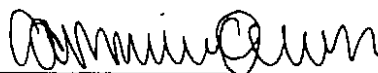
☐ Manager Name: Rani Sondhi Irrevocable Trust
☒ Member Address: 620 Mayfair Ln
☐ Authorized Carmel, IN 46032
Person
☐ Other _____ ☐ Other _____

☐ 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

Cammie Owen

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

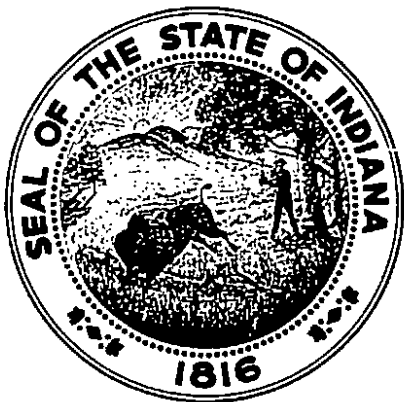
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SONDHI SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 06, 2006, and was in existence or authorized to transact business in the State of Indiana on April 29, 2025.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 29, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2006120600560 / 20254377471

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 29, 2025.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2025

CAMERON OWEN
SONDHI SOLUTIONS, LLC
135 N. PENNSYLVANIA ST., STE. 2300
INDIANAPOLIS, IN 46204

SUBJECT: SONDHI SOLUTIONS, LLC
Ref. Number: W25000065856

We have received your document for SONDHI SOLUTIONS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$125.00.

We have received your document for SONDHI SOLUTIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 225A00010281

RECEIVED

JUN - 3 2025