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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FOX ROTHSCHILD LLP
Account Number : I20130000024
Phone : (215)299-2162
Fax Number : (215)299-2150

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmiranda@foxrothschild.com

2021 APR -9 PM 4: 50

Foreign Limited Liability Company
Chatsmouth, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

523f
4/9/21

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

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

5. 11062 Winnetka Avenue
(Street Address of Principal Office)
6. P.O. Box 7966
(Mailing Address)
Chatsworth, CA 91311
Porter Ranch, CA 91327

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

Name: Corporate Creations Network, Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(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.

Ashley Goldsmith, Special Secretary
(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: Madhukar B. Kapadia

Member Address: P.O. Box 7966

Authorized Porter Ranch, CA 91327

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Rishi Kapadia

Member Address: P.O. Box 7966

Authorized Porter Ranch, CA 91327

Person _____

Other _____ Other _____

Manager Name: Tina Kapadia

Member Address: P.O. Box 7966

Authorized Porter Ranch, CA 91327

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

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.

Madhukar Kapadia

Signature of an authorized person

Madhukar B. Kapadia

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CHATSMOUTH, LLC
File Number: 199823210028
Registration Date: 08/20/1998
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of March 8, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 9, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RPV6WMR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.