



## **ATTENTION!**

### **STEP BY STEP INSTRUCTIONS BELOW**

1. **SS-4 (Employer Identification Number Application):** Please verify the pre-printed information is correct. If necessary, please change appropriate information. To avoid any delays please make sure we have the following information below.
  - Line 6** requires the **County** and **State** where the principal business is located.
  - Line 7a** requires the **name** of an Officer/Manager.
  - Line 7b** requires the **social security number** of the Officer/Manager from line 7a.
    - Please note that the information in **7a** and **7b** must match your Social Security card.
  - Line 8b** requires the **number** of LLC members.
  - Printed Name** and **Signature** at the bottom of the form, name must match line 7a.

Once completed, please return the form to Inc Authority, LLC. We will apply for the number on your behalf and you will be e-mailed the tax ID number via PDF within two to three days. No hard copies will be mailed.

2. **Release:** Please read, complete and return this document to Inc Authority, LLC
3. **Membership Listing Statement:** Please complete the membership listing statement indicating the physical address where the membership listing is maintained and return the document to Inc Authority, LLC

Please **only** return the completed forms **above** to **one** of the following options below.

- **E-mail:** [incdocs@incauthority.com](mailto:incdocs@incauthority.com)
- **OR Fax:** (775) 501-8772
- **OR Mail back in the envelope provided**

**THE ARTICLES AND DOCUMENTS FOLLOWING THESE PAGES ARE FOR  
YOUR RECORDS ONLY.**

# Application for Employer Identification Number

Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>VISHWAGEEKS, LLC</b>				
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name			
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>596 Eagle Rd Apt 2b</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)			
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions) <b>Greensboro, NC 27407-5295</b>	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)			
	<b>6</b> County and state where principal business is located				
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN <b>Social Security Number:</b>			
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members				
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9a</b> Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Limited Liability Company</b>	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____				
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>North Carolina</b>	Foreign country <b>N/A</b>			
<b>10</b> Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>General Business</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____				
<b>11</b> Date business started or acquired (month, day, year). See instructions. <b>August 14th, 2017</b>	<b>12</b> Closing month of accounting year <b>December</b>				
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural <b>0</b></td> <td style="width:33%; text-align:center;">Household <b>0</b></td> <td style="width:33%; text-align:center;">Other <b>0</b></td> </tr> </table>	Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>		
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____ ▶					
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Other (specify) <b>General Business</b>			
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>General Activity</b>					
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____					
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name Inc Authority, LLC	Designee's telephone number (include area code) <b>(877) 462-6366</b>			
	Address and ZIP code P.O. Box 41270, Reno, NV 89504	Designee's fax number (include area code) <b>(702) 852-0247</b>			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Name and title (type or print clearly) ▶</b>	<b>, Member</b>				
<b>Signature ▶</b>	Date ▶ <b>8/21/2017</b>				
	Applicant's telephone number (include area code)				
	Applicant's fax number (include area code)				

## RELEASE

The information and services provided by Inc Authority, LLC are intended to provide accurate and authoritative information with regard to the subject matter covered and that Inc Authority, LLC and its representatives are only expressing their opinions. If you require specific tax, financial, business or legal advice, the services of a competent professional person should be retained.

Adapted from the Declaration of Principles jointly adopted by a committee of the American Bar Association and a committee of Publishers and Associations.

Inc Authority, LLC, through its affiliated relationships, is a recognized registered agent for Corporations, Limited Liability Companies and Limited Partnerships and is a member in good standing of the Nevada Registered Agents Association. All services and information provided to the user are offered with the understanding that they are to be used in a legal and prudent manner. The user of information or services provided by Inc Authority, LLC accepts full responsibility for the proper and legal use of the information and/or services so provided and for complying with any tax consequences or tax filing requirements arising as a result. All rights reserved. No part of Inc Authority, LLC's information may be reproduced in any form or by any means without specific permission in writing from Inc Authority, LLC, P.O. Box 41270 Reno, Nevada 89504.

I, **Sathya Shirisha Aithagoni**, Manager, hereby fully understand the above agreement between Inc Authority, LLC and **VISHWAGEEKS, LLC**, and agree to accept full responsibility for any actions taken by **VISHWAGEEKS, LLC**

---

**Sathya Shirisha Aithagoni**, Manager

Dated on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**MEMBERSHIP LISTING STATEMENT  
OF  
VISHWAGEEKS, LLC**

A current list of the full name and last known business address of each member and manager, separately identifying the member(s) in alphabetical order and the manager(s), if any, in alphabetical order must be maintained at the registered agent office in North Carolina. Please complete and return this form to Inc Authority, LLC

Member(s) Name

Address

City, State, Zip

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Manager(s) Name

Address

City, State, Zip

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Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

***If this information should change, a replacement Membership Listing Statement must be mailed to Inc Authority, LLC within 30 days of the change. A duplicate Membership Listing Statement is located behind the tab Minutes, Meetings & Resolutions in the record book.***



# NORTH CAROLINA

## Department of the Secretary of State

**To all whom these presents shall come, Greetings:**

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF ORGANIZATION

OF

**VISHWAGEEKS, LLC**

the original of which was filed in this office on the 14th day of August, 2017.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of August, 2017.

*Elaine F. Marshall*

Secretary of State

State of North Carolina  
Department of the Secretary of State

Limited Liability Company  
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: VISHWAGEEKS, LLC  
(See Item 1 of the Instructions for appropriate entity designation)
2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both.)  
**Note: This document must be signed by all persons listed.)**

Name	Address	Capacity
<u>Christine Cimadon</u>	<u>5605 Riggins Court Suite 200 Reno, NV 89502</u>	<u>Organizer</u>
_____	_____	_____
_____	_____	_____

3. The name of the initial registered agent is: Registered Agents Inc.

4. The street address and county of the initial registered agent office of the limited liability company is:

Number and Street 4030 Wake Forest Road, STE 349

City Raleigh State: NC Zip Code: 27609 County: Wake

5. The mailing address, if different from the street address, of the initial registered agent office is:

Number and Street \_\_\_\_\_

City \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

6. Principal office information: (Select either a or b.)

a.  The limited liability company has a principal office.

The principal office telephone number: \_\_\_\_\_

The street address and county of the principal office of the limited liability company is:

Number and Street: 596 Eagle Rd Apt 2B

City: Greensboro State: NC Zip Code: 27407 County: GUILFORD

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

b.  The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. **(Optional):** Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.

Name	Title	Business Address
Sathya Shirisha Aithagoni	Manager	596 Eagle Rd Apt 2B Greensboro NC 27407

9. **(Optional):** Please provide a business e-mail address: \_\_\_\_\_  
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

10. These articles will be effective upon filing, unless a future date is specified:

\_\_\_\_\_

This is the 11th day of August, 20 17.

\_\_\_\_\_  
*Christine Cimadon*  
\_\_\_\_\_  
Signature

Christine Cimadon, Organizer  
\_\_\_\_\_  
Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #2 above.

\_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type and Print Name and Title

\_\_\_\_\_  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type and Print Name and Title

**NOTE:**

1. Filing fee is \$125. This document must be filed with the Secretary of State.

# IMPORTANT NOTICE TO EMPLOYERS

Your New Limited Liability Company Has Reporting Responsibilities in North Carolina...

Please read the important information below to ensure you understand your obligations to these state agencies.

rev. (8-12)



## NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE [www.sosnc.com](http://www.sosnc.com)

**ANNUAL REPORTS** – Limited Liability Companies and L3C entities registered to do business in North Carolina must file an annual report each year. There are two options for filing, they are:

Method	Where to File	Fee	Due Date
Electronically (real-time)	NC Secretary of State Online <a href="http://www.sosnc.com">www.sosnc.com</a>	\$202	April 15 <sup>th</sup> of each year after the year of creation
Paper Form	NC Dept. of the Secretary of State. Address is listed on form obtained from the website above	\$200	April 15 <sup>th</sup> of each year after the year of creation

Professional LLC entities are not required to file an annual report, but they are required to update information regarding their registered agent name and address along with the principal office address within 60 days of any change to the information on file with the Secretary of State's Office. If you have any questions, please contact customer service at either **919-807-2225** or [corpinfo@sosnc.com](mailto:corpinfo@sosnc.com)

## NORTH CAROLINA DEPARTMENT OF REVENUE

[www.dornc.com](http://www.dornc.com)

**SALES AND PURCHASES OF GOODS AND SERVICES** - Businesses making taxable sales or purchases of tangible personal property, services or certain digital property are required to register with the NC Department of Revenue to collect and remit the appropriate tax due. Sales taxes are typically charged and collected by the retailer, then paid to the Department of Revenue. Use taxes are remitted to the Department of Revenue by the purchaser. Please visit the Department's website at [www.dornc.com](http://www.dornc.com) for more information on sales and use tax and a checklist of the steps you should take to comply with North Carolina tax laws.

**HIRING EMPLOYEES** - Hiring employees is a significant step that triggers a number of tax obligations, including filing and paying state withholding taxes with the NC Department of Revenue. We strongly encourage you to set up your state withholding and other tax requirements correctly from the beginning and file and pay those taxes correctly and on time. Not doing so may create problems and consequences for both you and your employees. For more information on withholding tax and a list of steps you should take to meet your state tax obligations when hiring employees, please visit the Department's website at [www.dornc.com](http://www.dornc.com).

## NORTH CAROLINA DIVISION OF EMPLOYMENT SECURITY

[www.ncesc.com](http://www.ncesc.com)

**WHAT IS UNEMPLOYMENT INSURANCE TAX?** Unemployment insurance tax is a tax on employer payrolls paid by employers and used to provide funds from which unemployment benefits are paid to qualified unemployed workers. Unemployment tax is NOT deducted from employee wages.

**HOW DO I APPLY FOR A NORTH CAROLINA UNEMPLOYMENT TAX ACCOUNT NUMBER?** The Employment Security Law of North Carolina and Division Regulations require each employer to submit true and accurate information for determining liability. As an employer in the State of North Carolina, you must complete Form NCUI 604, Employer Status Report. Simply visit the website at [www.ncesc.com](http://www.ncesc.com), click on Business Services, and click on Forms under the Downloads section. Scroll down to the NCUI 604 under Forms – Unemployment

**WHO IS LIABLE FOR UNEMPLOYMENT TAX?** - A general business employer with at least one worker in 20 different calendar weeks during a calendar year, or with a payroll of at least \$1,500 in any calendar quarter is liable for unemployment tax. For information on other types of businesses, visit the website at [www.ncesc.com](http://www.ncesc.com). If you have further questions or need assistance, please call **919-707-1170** or send an e-mail to [esc.tax.status@ncesc.gov](mailto:esc.tax.status@ncesc.gov)

(Continued on Reverse)



## IMPORTANT NOTICE TO EMPLOYERS

# EMPLOYERS' REQUIREMENT TO CARRY WORKERS' COMPENSATION INSURANCE

The North Carolina Workers' Compensation Act requires that all businesses which employ three or more employees, including those operating as corporations, sole proprietorships, limited liability companies and partnerships, obtain workers' compensation insurance or qualify as self-insured employers for purposes of paying workers' compensation benefits to their employees. The only exceptions to this requirement are (a) employees of certain railroads; (b) casual employees, i.e., individuals who do not perform "work pertaining to the regular course of defendant's business"; (c) domestic servants directly employed by the household; (d) farm laborers when fewer than 10 full-time, non-seasonal farm laborers are regularly employed by the same employer; (e) federal government employees in North Carolina; and (f) "sellers of agricultural products for the producers thereof on commission or for other compensation, paid by the producers, provided the product is prepared for sale by the producer."

Businesses with just one employee, whose work involves the presence of radiation, are required to have workers' compensation coverage.

Individuals who are sole proprietors, members of LLCs, and partners are not counted automatically as employees. Corporate officers may elect to be excluded from coverage but are still counted in determining whether a business has three or more employees.

An employer is not relieved of its liability under the Act by calling its employees "independent contractors." Even if the employer refers to its workers as independent contractors and issues a Form 1099 for tax purposes, the Industrial Commission may still find that the workers were in fact employees, based upon its analysis of several factors, including but not limited to the degree of control exercised by the employer over the details of the work.

If you subcontract work to a subcontractor who does not have workers' compensation insurance, you may be liable for the work-related injuries of the subcontractor's employees, regardless of the number of employees you or the subcontractor employs. Different laws apply to trucking companies.

### IF YOU FAIL TO CARRY WORKERS' COMPENSATION INSURANCE, YOU MAY:

- 1) Face stiff financial penalties;
- 2) Be charged with a misdemeanor;
- 3) Be charged with a felony; and
- 4) Be imprisoned.

### CONTACT YOUR LAWYER OR INSURANCE AGENT IF YOU ARE UNSURE OF YOUR RESPONSIBILITIES AS AN EMPLOYER

#### North Carolina Industrial Commission

4336 Mail Service Center

Raleigh, North Carolina 27699-4336

Telephone: (919) 807-2500

Fax: (919) 715-0280

Internet Address: <http://www.ic.nc.gov/>



**RECORD BOOK**  
**OF**  
**VISHWAGEEKS, LLC**  
**A NORTH CAROLINA LIMITED LIABILITY COMPANY**

## INTRODUCTION

The forms following this page will help you complete the organization of this company by providing the following:

- Appointment of Operating Manager
- Resignation of Organizer
- Acceptance of Operating Manager
- Forms for acceptance by other officers are provided
- Waiver of notice of the first meeting of the Members
- Minutes of the first meeting of the Members
- A resolution authorizing the issuance of membership certificates

All of these forms are fairly self-explanatory and will act as guidelines. If you have any questions, give us a call.

## APPOINTMENT OF OPERATING MANAGER / MEMBER

I, Christine Cimadon, hereby appoint **Sathya Shirisha Aithagoni**, Operating Manager of **VISHWAGEEKS, LLC**, a North Carolina Limited Liability Company effective this 14th day of August, 2017

A handwritten signature in cursive script that reads "Christine Cimadon".

---

Christine Cimadon, Organizer

## RESIGNATION OF ORGANIZER

I, Christine Cimadon, the original organizer of **VISHWAGEEKS, LLC**, a North Carolina Limited Liability Company, do hereby resign effective this 14th day of August, 2017

A handwritten signature in cursive script that reads "Christine Cimadon". The signature is written in black ink and is positioned above a horizontal line.

---

Christine Cimadon, Organizer

**ACCEPTANCE OF APPOINTMENT  
AS OPERATING MANAGER / MEMBER**

I, **Sathya Shirisha Aithagoni**, having been appointed Operating Manager of **VISHWAGEEKS, LLC**, a North Carolina Limited Liability Company, do hereby accept said position effective as of the time of my appointment on this 14th day of August, 2017

\_\_\_\_\_  
**Sathya Shirisha Aithagoni**, Operating Manager

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**WAIVER OF NOTICE OF FIRST MEETING OF MEMBERS  
OF  
VISHWAGEEKS, LLC  
A NORTH CAROLINA LIMITED LIABILITY COMPANY**

We, the undersigned, being all of the Members, do hereby severally waive notice of the time, place and purpose of the first meeting of the Members of **VISHWAGEEKS, LLC**, a North Carolina Limited Liability Company, and consent that the meeting may be held at \_\_\_\_\_, \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and we further consent to the transaction of any business requisite to complete the organization of this company and any and all such other business that may properly come before the meeting.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**MINUTES OF THE ORGANIZATIONAL MEETING**  
**OF**  
**VISHWAGEEKS, LLC**

At this the Organizational Meeting, held at \_\_\_\_\_, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, the Manager, Member(s), Organizers and/or agents acting on their behalf, being physically present or participating by electronic communications, discussed and approved the following:

1. The Manager, and/or agents acting on his/her behalf, will conduct this Meeting, help facilitate the initial formation, perform administrative duties, and is authorized to take any action necessary to complete the organizational business.
2. The entity and/or individual listed below is named as the Manager. The Manager will have signature authority on the financial accounts and accept the position as Manager effective immediately for a period of one year from this date. Confirmation of this acceptance will be by signature on the Acknowledgement of Manager Acceptance page.
  - Manager: **Sathya Shirisha Aithagoni**
3. All participants to this Organizational Meeting have agreed to approve the Operating Agreement for this Company. Amendments to the Operating Agreement, if any, will require a 65% (sixty-five percent) majority of the Members' Voting Percentage.
4. Certificates of Ownership shall be issued to all Members and the Manager must sign these Certificates of Ownership and forward them to the applicable Member(s) within ninety (90) days of this Organizational Meeting.
5. It is further agreed that all expenditures on behalf of the Company by Manager, Member(s), or their agents be reimbursed once a financial institution account is established. This Company authorizes the Manager or authorized Agents to open a checking, savings, credit card, and/or investment account(s) in any financial institution(s) the Manager may deem suitable.
6. This Company shall acquire an EIN number from the Internal Revenue Service under which it shall conduct business affairs.



7. A facsimile signature is acceptable as a replacement for an original signature, but an original should be forwarded to the Manager within a reasonable amount of time.

There being no further business, it was resolved that as of the date below, all actions taken and pursuant to this meeting are hereby ratified and approved, and the meeting is adjourned.

\_\_\_\_\_  
Operating Manager or Authorized Agent

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**ACKNOWLEDGMENT OF MANAGER ACCEPTANCE  
OF  
VISHWAGEEKS, LLC**

The Manager, **Sathya Shirisha Aithagoni**, as listed in the Organizational Minutes, by signature below, do hereby officially accept the position of Manager for this Limited Liability Company. The Manager further agrees to abide by the precepts outlined in the Operating Agreement of **VISHWAGEEKS, LLC**.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, without prejudice to my rights.

**IN WITNESS WHEREOF**, the above named Manager, has hereunto set his hand and has caused this instrument to be executed. The signature and date below are a confirmation of the acceptance to serve as Manager of this Limited Liability Company on the date of the Organizational Meeting on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Sathya Shirisha Aithagoni**, Manager

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**MINUTES OF THE FIRST MEETING  
OF  
VISHWAGEEKS, LLC**

At this the First Regular Meeting, held on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Manager and/or a majority of the Members' Voting Percentage being physically present or participating by electronic communications, discussed and ratified the following items:

1. A copy of the Operating Agreement that was accepted by the Members will be distributed as follows: the original to be placed in safe keeping, a working copy to the Manager and copies to all Members upon request, within a reasonable amount of time.
2. The fiscal year of this Company shall commence on January 1<sup>st</sup> and end on December 31<sup>st</sup> of each year. The Annual Meeting of the Members is scheduled for the first weekend following August 14th of each year and will be held in \_\_\_\_\_, \_\_\_\_\_ unless changed by the Members.
3. The purpose of this Company is to engage in any lawful acts or activities (except insurance) for which a Limited Liability Company may be formed under the laws of the State of North Carolina and as outlined in the Operating Agreement. A more specific purpose may be enumerated as follows:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

4. The Manager or Agents are authorized to open a checking, savings, credit card, and/or investment account(s) to maximize the return for this Company in any financial institution in the State of North Carolina and in other locations the Manager may deem necessary.
5. Allocations and Distributions will be made to Members as outlined in the Operating Agreement. The Manager's compensation will be set forth at a later meeting or by resolution.
6. It is Resolved that any administrative actions taken by the Registered Agent, Organizer, and/or Agents acting on their behalf, prior and/or subsequent to the organization of this Company, are hereby approved, ratified and adopted.

There being no further business, it was resolved that as of the date below, all actions taken at and pursuant to this meeting are hereby ratified and approved, and the meeting was adjourned on the date inscribed in these First Meeting Minutes.

---

**Sathya Shirisha Aithagoni**, Manager

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**FINANCIAL INSTITUTION RESOLUTION  
OF  
VISHWAGEEKS, LLC**

Be it resolved that the undersigned Manager shall have the authority to open a checking, savings, and/or investment account(s) in the name of **VISHWAGEEKS, LLC**, a North Carolina LLC, in the financial institution named below. This includes any financial account that may have credit card access.

This signature authority shall reside with the Manager listed below until rescinded by the Members and the Manager will assume personal responsibility for maintenance of the funds in this financial account.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Address

There being no further business, motion was made, seconded, and approved as of the date below.

\_\_\_\_\_  
**Sathya Shirisha Aithagoni**, Manager

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**(INITIAL) EXHIBIT A**  
**CAPITAL CONTRIBUTION AND ADDRESSES OF MEMBERS**  
**OF**  
**VISHWAGEEKS, LLC**

Manager's Name: **Sathya Shirisha Aithagoni**

Manager's Address: \_\_\_\_\_

\_\_\_\_\_

In Alphabetical Order:

As of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

<u>Member(s) Name</u>	<u>Member(s) Address</u>	<u>Member(s) Capital Contribution</u>	<u>Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(AMENDED) EXHIBIT A**  
**CAPITAL CONTRIBUTION AND ADDRESSES OF MEMBERS**  
**OF**  
**VISHWAGEEKS, LLC**

Manager's Name: **Sathya Shirisha Aithagoni**

Manager's Address: \_\_\_\_\_

\_\_\_\_\_

In Alphabetical Order:

As of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

<u>Member(s) Name</u>	<u>Member(s) Address</u>	<u>Member(s) Capital Contribution</u>	<u>Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____