

F23000002124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

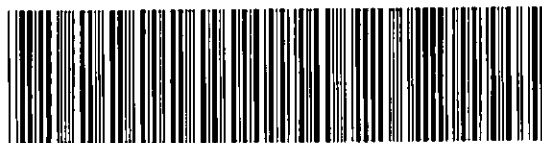
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-416404

Office Use Only



300404498673

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2023 APR -5 PM 3:13

CLERK

RECEIVED AND FILED

2023 APR -5 AM 9:32

APR 11 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2023

CT

SUBJECT: MEDIKARMA, INC.
Ref. Number: W23000046404

CORRECTED
Please Allow For
Same File Date

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

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 923A00008068

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2023 APR 12 PM 1:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 04/05/2023

Acc#I20160000072

eric DW

Name:	MEDIKARMA, INC.
Document #:	
Order #:	14857197

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **378.75**

Thank you!

MEDIKARMA, INC.
1830 N. UNIVERSITY DRIVE, #225
PLANTATION, FL 33322

April 6, 2023

MEDIKARMA, INC., an inactive Florida corporation with Doc. ID P21000076097 (the "*Company*"), filed articles of dissolution with the Florida Department of State on March 22, 2023. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to MediKarma, Inc., a Delaware corporation, using the name "MediKarma, Inc." when registering with the Florida Department of State.

By: 

Name: Kris Narayan

Title: President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIKARMA, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KRIS NARAYAN

Name of Person

MEDIKARMA, INC.

Firm/Company

1830 N University Dr. #225.

Address

Plantation, FL 33322

City/State and Zip code

kris@medikarma.ai

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

For further information concerning this matter, please call:

KRIS NARAYAN

at (408) 497-1197

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MEDIKARMA, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 23, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 1, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1830 N University Avenue, Plantation, FL, 33322
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

2023 APR -5 AM 9:32
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FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

C T Corporation System
By: /s/Amy Berteletti
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: KRIS NARAYAN
 Vice Chairman Address: 1830 N University Dr, #225
 Plantation, FL 33322
 Director
 President
 Vice President
 Secretary Treasurer
 Other CEO Other

Chairman Name: Krishna Ramachandran
 Vice Chairman Address: 1830 N University Dr, #225
 Plantation, FL 33322
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

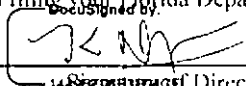
Chairman Name: Christina Noble
 Vice Chairman Address: 1830 N University Dr, #225
 Plantation, FL 33322
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: Donald Jones
 Vice Chairman Address: 1830 N University Dr, #225
 Plantation, FL 33322
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: Elias Aboujaoude
 Vice Chairman Address: 1830 N University Dr, #225
 Plantation, FL 33322
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name:
 Vice Chairman Address:
 Director
 President
 Vice President
 Secretary Treasurer
 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.

12. 

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. KRIS NARAYAN, PRESIDENT

 (Typed or printed name and capacity of person signing application)

Delaware

Page 1

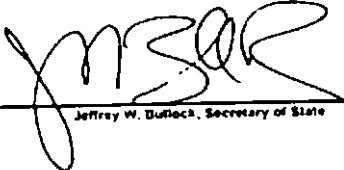
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIKARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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




Jeffrey W. Bullock, Secretary of State

6188064 8300

SR# 20231231567

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203045606

Date: 03-30-23