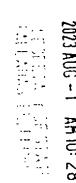
F23000004893

(Re	equestor's Name)			
(Ad	ddress)			
(Ád	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)	<u> </u>		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
W23-1	13023			

Office Use Only



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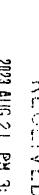


APPROYED AND FILED



AHG 22 2023

K. Brumbley





August 9, 2023

CSC TALLAHASSEE 1201 HAYS STREET TALLAHASSEE, FL 32301 US Please give original submission date as file date.

SUBJECT: GOODHEART VENTURES INCORPORATED

Ref. Number: W23000108700

We have received your document for GOODHEART VENTURES INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

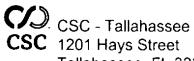
The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Corey Pettway Regulatory Specialist II

Letter Number: 023A00018042



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 08/01/23 Order #: 1242033-1

Re: Goodheart Ventures Incorporated

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$370.00 - FL State Account Number:

120000000195

TAKE ANY LATE FEES NEEDED

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Goodheart Ventu	wes Incorporated ion-must include suffix
wame of corpora	ion - must include surfix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Dipa T	atel
Goodheart V	entures Incorporated
Firm/C	ompany
864 Magleton Rd,	entures Incorporated ompany Idress 08540 e and Zip code
, Ac	dress
Princeton, NU	03540
City/Stat	e and Zip code
Famil address: (to be use	d for future annual report notification)
For further information concerning this matter, pleas	
Daniel Ferrer au 678	3 790-1755
Name of Person Area C	odc 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 DEPARTME	NT OF STATE
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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. rootheart Ventures Incorporated (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) New Jersey
(State or country under the law of which it is incorporated)

3. 0450381082
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 864 Mapleton Pd, Princeton, NJ 08540 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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. Corporation Service Company Eylina Bihri By: (Registered agent's signati 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.

A. DIRECTORS	<u> </u>			
□Chairman	Name: Dipal Patel Address: 463 Feberal City	□ Chairman	Name:	
□Vice Chairman	Address: 463 Feberal City		Address:	
□Director	Rd, Pennington, NJ 08531	→ □Director		
☑President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	□Other		□Other
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
☐ Vice President		□Vice President		
Secretary	□Treasurer	Secretary		☐Treasurer
□Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President	-	
☐Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
individuals may be	Jse an attachment to report more than six (9). The attachment to report more than six (9). The attachment to the index when filing your Florida Departs	egt/of State Annual Re	I for reporting p port form.	ourposes only. Non-indexed
	Signature of Director	or Officer		
	tor signing this document (and who is listed in numbers information submitted in a document to the Depar			

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

GOODHEART VENTURES INCORPORATED 0450381082

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 15, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2021-2023

I further certify that the registered agent and office are:

BERNARD GUTHERZ 538 HYSON ROAD JACKSON, NJ 08527



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of July, 2023

Elizabeth Maher Muoio State Treasurer

Sup on Mun

Certificate Number: 6145235671

Verify this certificate online at

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