

D22000000070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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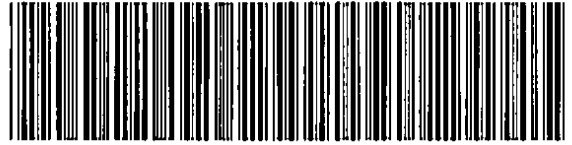
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM

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2022 SEP 16 AM 11:19  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2022

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: AMIT RAIZADA REVOCABLE TRUST DATED JULY 24, 2008  
Ref. Number: W22000118858

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

On section 4 of the affidavit a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida is required to be able to file the trust. In the Declaration of Trust, if a Florida trust at least two or more trustees must be listed in the document, if any other state one or more trustees must be listed. The affidavit must state which state the Trust is registered in as well as

*have a notary notarize the Chairman's*  
If you have any further questions concerning your document, please call (850) *Signature* 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 122A00020777

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 09/16/2022

Acc#I20160000072

*mic SW*

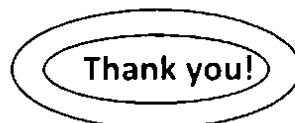
|             |  |
|-------------|--|
| Name:       | Amit Raizada Revocable Trust Dated July 24, 2008 |
| Document #: |  |
| Order #:    | 14516700   |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| 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"/>                |
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|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |        |
|------------|--------|
| Amount: \$ | 358.75 |
|------------|--------|



**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE  
TO FILE OR QUALIFY**

The Amit Raizada Revocable Trust Dated July, 24, 2008, as Amended

A Missouri TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to  
Common Law Declarations of Trust, the undersigned, the Chairman of the  
Board of Trustees of The Amit Raizada Revocable Trust Dated July, 24, 2008, as Amended, a

(Name of Trust)

Missouri Trust hereby affirms in order to file or qualify  
(State)

The Amit Raizada Revocable Trust Dated July, 24, 2008, as Amended, in the State of Florida.  
(Name of Trust)

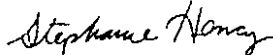
1. Two or more persons are named in the Trust.

2. The principal address is 110 Washington Ave, Unit 2409, Miami, FL 33139

3. The registered agent and street address in the State of Florida is:

C T Corporation System, 1200 South Pine Island Road, Plantation, FL 33324

4. Acceptance by the registered agent: Having been named as registered  
agent to accept service of process for the above named Declaration of Trust  
at the place designated in this affidavit, I hereby accept the appointment as  
registered agent and agree to act in this capacity.



(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of  
Trust under which the association proposes to conduct its business in  
Florida.



Name: Amit Raizada

Chairman of the Board of Trustees

NOTARY

Filing Fee: **\$350.00**

Certified Copy: **\$ 8.75 (optional)**

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DIVISION OF CORPORATIONS  
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NOTARY ACKNOWLEDGMENT

STATE OF MISSOURI                    )  
  ) ss:  
COUNTY OF JACKSON                )

On this 30<sup>th</sup> day of August, 2022, before me personally appeared Amit Raizada, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

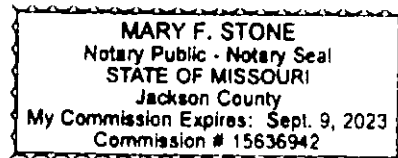
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Mary F. Stone  
Notary Public

My Commission Expires:

9-9-23

[SEAL]



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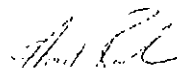
**DECLARATION OF TRUST**  
**OF**  
**THE AMIT RAIZADA REVOCABLE TRUST DATED July 24, 2008, AS AMENDED**  
*A Missouri Trust*

This Declaration of Trust (the "Trust") is being duly executed and filed by the undersigned to register the Trust with the Florida Secretary of State.

1. The name of the revocable trust formed by this Declaration of Trust is:  
  
"The Amit Raizada Revocable Trust dated July 24, 2008 as Amended"  
*A Missouri Trust*
2. The name and business address of the Trustee is: 110 Washington Ave. Unite 2409,  
Miami, FL 33139.
3. This Declaration of Trust shall be effective as of the date of filing with the Florida  
Secretary of State.

IN WITNESS WHEREOF, the UNDERSIGNED, BEING THE Trustee hereby swears the Trust to be a true and correct copy of the Trust and has executed this Declaration of Trust August 30, 2022.

TRUSTEE:



Amit Raizada, Trustee

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