

F08000004900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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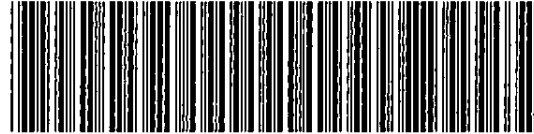
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W0834045
11.7-18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VISHWA NIRMALA DHARMA CORP
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ANOOP KATDARE
(Name of Person)

(Firm/Company)

2160 HASSELL ROAD APT # 203
(Address)

HOFFMAN ESTATES IL 60169
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ANOOP KATDARE at (847) 682 8453
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2008

ANOOP KATDARE
2160 HASSELL RD., APT. 203
HOFFMAN ESTATES, IL 60169

SUBJECT: VISHWA NIRMALA DHARMA CORPORATION
Ref. Number: W08000034045

We have received your document for VISHWA NIRMALA DHARMA CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

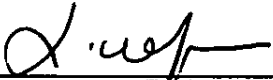
If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 608A00042116

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:

1. VISHWA NIRMALA DHARMA CORPORATION
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. CALIFORNIA 3. 33-0240163
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/02/1985 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 07/05/2008
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 4565 SHERMAN OAKS AVE, SHERMAN OAKS, CA, 91403
(Principal office address)
8361 NW 7th St. Pembroke Pines, FL 33024
(Current mailing address)
8. FOR nonprofit religious purpose within the meaning of section 501(c)(3), IRS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Louisa Upadhyaya
Office Address: 8361 NW 7th St.
Pembroke Pines, Florida 33024
(City) (Zip Code)
10. **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.

(Registered Agent's signature)
11. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: SHRI MATAJI NIRMALA DEVI SHRIVASTAVA

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

Vice Chairman: NA

Address: _____

Director: SIR C. P. SHRIVASTAVA

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

Director: STEVE WOLLENBERGER

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

B. OFFICERS

President: David Dunphy

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

Vice President: NA

Address: _____

Secretary: Steve Wollenberger

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

Treasurer: (CFO) Rahul Nalgotkar

Address: 4565 SHERMAN OAKS AVE, SHERMAN OAKS CA 91403

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Steve D. Wally
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEVE WOLLENBERGER, OFFICER, Secretary
(Typed or printed name and capacity of person signing application)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VISHWA NIRMALA DHARMA

FILE NUMBER: C1275483
FORMATION DATE: 05/02/1985
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, 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 October 16, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State