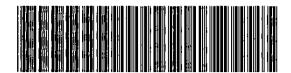


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF SIME

PS 12/28/10

## COVER LETTER

**TO:** New Filing Section

Division of C	orporations					
SUBJECT:	Trived	di Foundation Inc.				
Name of Corporation – must include suffix						
Dear Sir or Madam:		•				
"Certificate of Existence	tion by Foreign Not for Profi ce", or "Cerificate of Good S on to conduct its affairs in Fl	tanding" and check are subr	tion to Conduct its Affairs in Florida nitted to register the above referenced			
Please return all corres	pondence concerning this ma	atter to the following:				
	Lisa Grans	kie for Incorp Services,	Inc.			
		Name of Ferson				
	Ind	corp Services, Inc.				
		Firm/Company				
	<del></del>					
	2360 Co	rnorate Circle, Suite 40	10			
	2360 Corporate Circle, Suite 400 Address					
	Henderson, NV 89074-7722  City/State and Zip Code					
	Ci	ty/State and Zip Code				
	shaneela@trive	edifoundation.org				
E-m	nail address: (to be used for f	uture annual report notifica	tion)			
For further information	concerning this matter, plea	se call:				
	, p					
l isa G	iranskie at (	702 )866	S-2500			
	of Person	702 ) 866 Area Code & Daytime Te	lephone Number			
MAILING AL			OURIER ADDRESS:			
New Filing Sec Division of Co		New Filing Section Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FI	. 32314	2661 Executiv Tallahassee, F	ve Center Circle 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			

# ÀPPLICATION 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. Trivedi Foundation Inc. (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.	(State or cour	lowa 3 htry under the law of which it is incorporated)	26-4520729 (FEI number, if applicable)				
4.			Perpetual  (Duration: Year corp. will cease to exist or "perpetual")				
							v.)
7.	7. 922 Colorado Avenue, Santa Monica, CA 90401 (Principal office address)						
922 Colorado Avenue, Santa Monica, CA 90401 (Current mailing address)							
8. See attached (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)							
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)							
	Name:	Incorp Services, Inc.	_		ESSE ESSE ESSE ESSE ESSE ESSE ESSE ESS	€ 27	E
Of	ffice Address:	17888 67th Court North	<del></del>			꾶	D
		Loxahatchee (City)	, Florida	33470 (Zip Code)		1: 09	

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.

The Foundation was formed for the purpose of educating the public of the personal and humanitarian benefits of living a spiritual/divine life through the teachings and practices of Mahendra Kumar Trivedi, an Indian religious leader. Public donations will be used to support the dissemination of the teachings and practices of Mahendra Kumar Trivedi throughout the United States through printed materials, books and other publications, audio-video recordings, and lecture tours and to conduct scientific research to objectively verify the benefits of said teachings and practices.

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

#### A. DIRECTORS

Chairman: See attached	
Address:	
Vice Chairman:	
Address:	
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
Director:	
Address:	
B. OFFICERS	
President: See attached	i de la companya de l
	15 277
Address:	
	27 SSE
Vice President:	
Address:	<u> </u>
	39
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the ap	
A and the Allert	
14. Amrit Khal (Typed or printed name and capaci	ty of person signing application)

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Trivedi Foundation

Director and Officer Member Contact list

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Trivedi Fundation

Amrit Khalsa	Rupa Sharma	Harish Shettigar		Kalpesh Patel	Tina Mayer	Mahendra Trivedi
Secretary& Treasurer	director	director		director	Ϋ́P	President
922 Colorado Ave, Santa Monica, CA 90401	Northbrook, IL 60062	INDIA	Mulud East, Mumbai,Maharastra 400081	Chicago, IL 60064 601 Laxmi Sadan C.H.S,	86336 921 14th Street, North	4158 Cardinal Court,  Northbrook, IL 60062  405 Orchard Lane, Sedona, AZ Tina@trivedifoundation.org,
amrit@trivedifoundation.org 505-	rupa@trivedifoundation.org	harishshettigar@gmail.com (c)91		Kalpesh@trivedifoundation.or 847-	goldstonesedona@msn.com	<pre>guruji@trivedifoundation.org Z Tina@trivedifoundation.org,</pre>
505-670-9248	847-205-4490	(c)91 932-448-6471, (h) 91 223-216-0817		ır 847-791-9575	goldstonesedona@msn.com 928-204-1703 (Home Office) 928-300-7734 (Cell)	SECRETARY OF STATE



### Secretary of State

Date: 11/22/2010

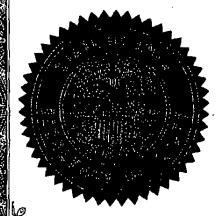
#### CERTIFICATE OF EXISTENCE

Name: TRIVEDI FOUNDATION (504RDN - 376646)

Date of Incorporation: 3/11/2009

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the nonprofit corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Revised Iowa Nonprofit Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Mugael A. Maure

MICHAEL A. MAURO

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SECRETARY OF STATE

