F15000004298

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to Filing Officer:								
1215-60624	t wrong form							
W15-60624 WRONG FORM Office Use Only								



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K.SALY EXAMINER SEP 2 9 2015



September 15, 2015

RUCHITA SETH EYORK CONSULTING INC. 1979 MARCUS AVE, STE. 210 NEW HYDE PARK, NY 11042

SUBJECT: EYORK CONSULTING INC.

Ref. Number: W15000060624

We have received your document for EYORK CONSULTING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the document submitted, #8 FOR PROFIT LEGAL BUSINESS, you have submitted the wrong document. You have submitted a document for a NON-PROFIT CORPORATION.,

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly Regulatory Specialist II

PH 3: 53

25

Letter Number: 015A00019461

COVER LETTER

TO:	_	Registration Section						
Division of Corporations EYORK CONSULTING INC.								
CHRI	EYORK C	ONSULTING INC						
SOD		Name of	corporatio	n - mus	t include suffix			
.			•					
Dear S	Sir or Madam:							
"Certi		" or "Certificate o	of Good Sta	nding"	and check are sub	ct Business in Florida," omitted to register the		
	ereturn all correspo HITA SETH	ndence concernin	g this matte	er to the	following:			
			Name of	Person				
EYOF	RK CONSULTING I	NC						
			Firm/Coi	nnany				
1979	MARCUS AVE., SU	JITE 210						
			Addı					
NEW	HYDE PARK, NY 1	1042	Augi	ESS				
RUCH	IITA@EYORKINC.	СОМ	City/State a	ınd Zip	code			
			(4 m ln = = 1	C (* 1.				
		E-mail address:	(to be used	ior iuu	ire annual report	nouncation)		
For fu	rther information c	oncerning this ma	tter, please	call:				
RUCH	IITA SETH		516	516 603-9599				
		a	t ()				
	Name of Person		Area Coo	le	Daytime Telep	hone Number		
	STREET/COLL	DIED ANNDESS			MAILING A	nndecc.		
STREET/COURIER ADDRESS: Registration Section				Registration Section				
Division of Corporations				Division of Corporations		orporations		
Clifton Building 2661 Executive Center Circle				P.O. Box 6327 Tallahassee, FL 32314				
	Tallahassee, FL				rananassee, r	L 32314		
Enclos	sed is a check for th	ne following amou	int:					
□ \$76	0.00 Filing Fee	■ \$78.75 Filing Certificate of			75 Filing Fee & fied Copy	□ \$87.50 Filing Fee, Certificate of Status &		

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. EYORK CONSULTING INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") EYORK-FL CONSULTING INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) **NEW YORK** 11-357 0906 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1979 MARCUS AVE., SUITE 210, NEW HYDE PARK, NY 11042 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: TAMPA _____, Florida 33607

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.

(City)

Bill Havre/Secretary/Registered Agents Inc.

(Zip code)

(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. Names and business addresses of officers and/or directors: FILED A. DIRECTORS ASHOK ABHYANKAR Chairman: 169 GREENWAY WEST, NEW HYDE PARK, NY 11040 Address: Vice Chairman: **DENNIS ABRAHAM** Director: 1025 1ST ST SE, #1110, WASHINGTON DC 20003 Address: Director: __ Address: B. OFFICERS **RUCHITA SETH** 1979 MARCUS AVE., SUITE 210, NEW HYDE PARK, NY 11042 **DENNIS ABRAHAM** Vice President: 1025 1ST ST SE, #1110, WASHINGTON, DC 20003 Address: __ **DENNIS ABRAHAM** Secretary: 1025 1ST ST SE, #1110, WASHINGTON, DC 20003 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. DENNIS ABRAHAM, VICE PRESIDENT, EYORK CONSULTING INC.

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EYORK CONSULTING INC. was filed on 10/11/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 09/21/2006.

A Biennial Statement was filed 09/22/2008.

A Biennial Statement was filed 10/15/2010.

A Biennial Statement was filed 10/11/2012.

A Biennial Statement was filed 10/09/2014.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of September two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State