

F76000001083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

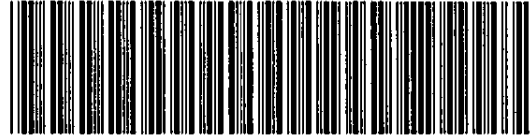
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/07/16--01014--028 **70.00

FILED
2016 MAR -7 PM 12:04
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR -8

COVER LETTER

TO: Registration Section
Division of Corporations
Maharishi Ayur-Ved Products International Corporation

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Naya Raj Baral

_____	Name of Person
_____	Firm/Company
1680 Hwy 1 N Suite 2200	
_____	Address
Fairfield IA 52556	
_____	City/State and Zip code
nbaral@mapi.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Scanlon	641	469-6940 x217
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
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.*

Maharishi Ayur-Ved Products International Corporation

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MAPI

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Iowa

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
October 14, 2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
February 15, 2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1680 Hwy 1 N Suite 2200

7. _____
(Principal office address)

Fairfield IA 52556

(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

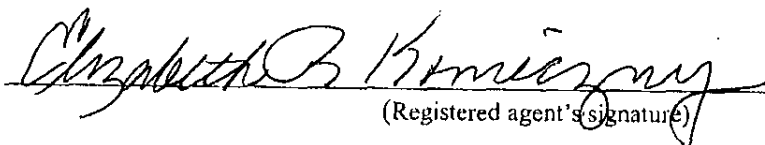
32301

(City)

(Zip code)

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.


(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.

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael Dilbeck

Address: 1680 Hwy 1 N Suite 2200

Fairfield IA 52556

Director: John Hagelin

Address: 1680 Hwy 1 N Suite 2200

Fairfield IA 52556

B. OFFICERS

President: Alan Marks

Address: 1680 Hwy 1 N Suite 2200

Fairfield IA 52556

Vice President: _____

Address: _____

Secretary: Larry Chroman

Address: 5005 Paradise Dr Belvedere CA 94920

Treasurer: Naya Raj Baral

Address: 1680 Hwy 1 N Suite 2200 Fairfield IA 52556

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

12. _____

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.

13. Naya Raj Baral CFO MAPI

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

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2016 MAR -7 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
PAUL D. PATE**



FILED
2016 MAR -7 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Date: 3/1/2016

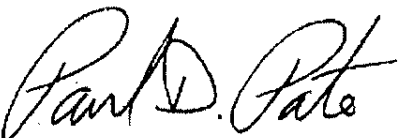
Name: MAHARISHI AYUR-VED PRODUCTS INTERNATIONAL CORPORATION (490 DP - 405584)
Date of Incorporation: 10/17/2010
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS117869

To validate certificates visit:
sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State