FILACION 1958

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
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(Bu	siness Entity Nan	ne)		
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APR 28 2013

COVER LETTER

	Registration Se Division of Co				
	SHBEE SI	VAMINARAYAN MANDIR L	.OYADHAM	I INC.	
SUBJEC	C1:	Name of Corporation	on – must in	clude suffix	
Dear Sir	or Madam:				
Affairs ir	n Florida", "Ce	tion by Foreign Not for Profict ertificate of Existence", or "Cenced not for profit corporations	Certificate of	Status" and check	are submitted to
Please re	turn all corresp	oondence concerning this ma	itter to the fo	ollowing:	
	Vijaya k	Kothari			
		Name o	f Person		
	Rajan ar	nd Rajan LLP			
		Firm/C	ompany		
	3146 Sta	ite Route 27, Suite 202			
		Add	dress		
	Kendali	Park, NJ 08824			2016 TALL TALL
		City/State a	nd Zip Code		
	vijaya@ı	rajanandrajan.com			APR 27 F
	E-n	nail address: (to be used for f	uture annua	I report notification	
For furthe	er information	concerning this matter, pleas	se call:		P 2:
Vijaya K	Cothari	at (732	283 1955	<u> </u>
	Name o		Area Code	Daytime Telepho	one Number
R E P	MAILING AD Registration Se Division of Cor P.O. Box 6327 Callahassee, FL	ction porations		STREET/COUR! Registration Section Division of Corpo Clifton Building 2661 Executive Court Tallahassee, FL 32	on rations enter Circle
Enclosed	is a check for	the following amount:			
570.0	0 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & © ed Copy	\$87.50 Filing Fee, Certificate of State Certified Copy

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:

	oresent. "Company" or "Co." may not be used as a a ailable in Florida, enter alternate corporate name a			<u> </u>
		are property of a managering of	ubilioso III i lorida	.,
2. GEORGIA	3.2	63738445 (FEI number, if applicable		
(State or cou	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	•	_
4. 11/19/2008	Date of Incorporation) 5			
	Date of Incorporation)	(Date of duration, if other tha	in perpetual)	
6. <u>N/A</u>				
	lucted affairs in Florida if prior to registration. See se	ections 617.1501 & 617.1502, F.S. to de	termine penalty lia	ıbility.)
7 222 Mercer Ju	unction, Macon, GA 31220			
	(Principal of	ice address)		
	(Current mailing ad	Idress, if different)		
	,	,		
Exclusively fo	or Charitable, Religious and Educational purposes.		IA See	
	corporation authorized in home state or country to			
		ŕ	R APR 27	
9. Name and <u>str</u>	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	ASS	1
	Dr. Yogeshkumar Ranpariya		751 me	TI
Name:				
	12826 Solola Way			
Office Address:				
Office Address:	Trinity	. Florida 34655	- C.	
Office Address:	Trinity (City)	, Florida 34655 (Zip Code)	- C.	
	Trinity (City)	, Florida 34655 (Zip Code)	- C.	
10. Registered Having been no	Trinity (City) l agent's acceptance: amed as registered agent and to accept service.	ce of process for the above stated c	:> cornoration at the	ie place
10. Registered Having been no designated in th	Trinity (City) l agent's acceptance: amed as registered agent and to accept services application. I hereby accept the appointments	ce of process for the above stated c	corporation at the	macity
10. Registered Having been no designated in th further agree to	Trinity (City) l agent's acceptance: amed as registered agent and to accept service.	ce of process for the above stated c nent as registered agent and agree elative to the proper and complete	corporation at the	macity
10. Registered Having been no designated in th further agree to	Trinity (City) I agent's acceptance: six application, I hereby accept the appointment of the comply with the provisions of all statutes re-	ce of process for the above stated c nent as registered agent and agree elative to the proper and complete	corporation at the	macity i
10. Registered Having been no designated in th further agree to	Trinity (City) I agent's acceptance: six application, I hereby accept the appointment of the comply with the provisions of all statutes re-	ce of process for the above stated c nent as registered agent and agree elative to the proper and complete	corporation at the	macity i
10. Registered Having been no designated in th further agree to	Trinity (City) I agent's acceptance: amed as registered agent and to accept service as application, I hereby accept the appointment of the provisions of all statutes register with and accept the obligations of	ce of process for the above stated c nent as registered agent and agree elative to the proper and complete	corporation at the	macity.

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairma	Gurukothariswami Nandkishordasji Shashtri Shree Ghanshyam Prakashdasji			
Address	222 Mercer Junction, Macon, GA 31220			
Vice Ch	airman:	······································		
Address				
Diseases	Harikrishna G. Patel			
Director	110 Hidden Lakes Drive			
Address	Gray, GA 31032			
Director	Sanjivkumar B.Patel			
Address	236 High Point Trail			
Address	Milledgeville, GA 31061			
B. OFPresidentAddress	222 Mercer Junction			
	Macon, GA 31220	NEW SECTION	2016	***
Vice Pre	Yogesh Patel esident:	NE TA	- PS	
Address	120 Manlove Ave.	OVID POSS PRES		
	Hightstown, NJ 08520	E S		
Secretar	Harikrishna G. Patel y:	(2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	0	
Address	110 Hidden Lakes Drive, Gray, GA 31032			
Treasure	Sanjivkumar B.Patel er:			
Address	236 High Point Trail, Milledgeville, GA 31061			
	: If necessary, you may attach an addendum to the application listing additional officers			s.
15.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plicatio	n)	
14	Harikrishna G. Patel (Typed or printed name and capacity of person signing application)			

Control Number: 08086759

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia; do hereby certify under the seal of my office that

SHREE SWAMINARAYAN MANDIR LOYADHAM INC

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual-registration provisions of Title 14 of the Official/Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal-existence of the above-named entity as of the date issued. It does not certify whether of not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

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This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12842859 : 11/19/2008 : Georgia : 02/29/2016



B: P. Kemp Secretary of State