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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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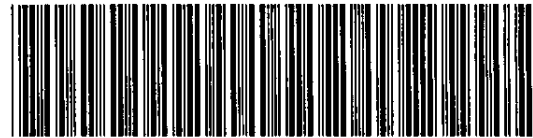
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations
Arya Esha Inc

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:
Kim M Wilmoth, CPA

Name of Person
Wilmoth & Associates, PA

Firm/Company
2317 Blanding Blvd., # 206

Address
Jacksonville, FL 32210

City/State and Zip code
sherri@wilmothcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim M Wilmoth 904 633-9222

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:

- ☒ \$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

**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.*

Arya Esha Inc

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
TX 47-2000059

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/12/2013

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
10/12/2016

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

4825 Algonquin Avenue, Jacksonville, FL 32210
7. _____
(Principal office address)

4825 Algonquin Avenue, Jacksonville, FL 32210

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Priyanka Ghosh-Murthy
Office Address: 4825 Algonquin Avenue
Jacksonville 32210
(City), Florida (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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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Priyanka Ghosh-Murthy
President: _____

4825 Algonquin Avenue, Jacksonville, FL 32210

Address: _____

Priyanka Ghosh-Murthy
Vice President: _____

4825 Algonquin Avenue, Jacksonville, FL 32210

Address: _____

Priyanka Ghosh-Murthy
Secretary: _____

4825 Algonquin Avenue, Jacksonville, FL 32210

Address: _____

Priyanka Ghosh-Murthy
Treasurer: _____

4825 Algonquin Avenue, Jacksonville, FL 32210

Address: _____

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.

Priyanka Ghosh-Murthy
13. _____

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

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CLERK OF COURT
JACKSONVILLE, FL

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

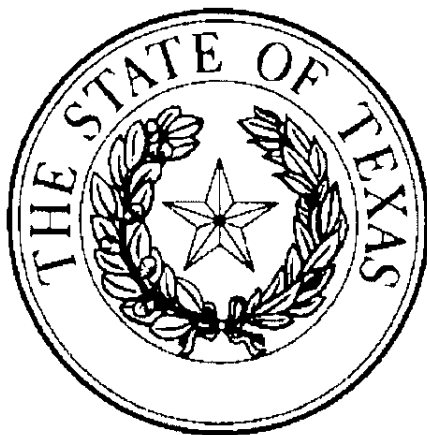
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ARYA ESHA INC (file number 801831937), a Domestic For-Profit Corporation, was filed in this office on August 12, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 06, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us>

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Prepared by: SOS-WEB

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TID: 10264

Dial: 7-1-1 for Relay Services
Document: 703044760003