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J. HARRIS

COVER LETTER

TO: Registration Se						
Division of Corporations HEARTFULNESS INSTITUTE						
SUBJECT:			. 1 1 55			
	Name of corpora	tion - musi	include suffix			
Dear Sir or Madam:						
"Certificate of Existence	tion by Foreign Corporation te," or "Certificate of Good on corporation to transact bu	Standing"	and check are sub			
Please return all corresponder NARENDRA KINI (SE	pondence concerning this ma	atter to the	following:			
	Name	of Person				
111111111111111111111111111111111111111	Firm/C	Company				
2200 GOLDENROD LA	NE					
	A	ddress				
SAN RAMON, CA 9458	2					
	City/Sta	te and Zip	code			
NAREN.KINI@HEART	FULNESSINSTITUTE.ORG					
	E-mail address: (to be us	ed for futu	re annual report n	otification)		
For further information	concerning this matter, plea	ise call:				
NAREN KINI	925 at (899-0995)				
Name of Perso	n Area (Code	Daytime Teleph	one 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		5 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status &		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2016

NARENDRA KINI 2200 GOLDENROD LANE SAN RAMON, CA 94582

SUBJECT: HEARTFULLNESS INSTITUTE

Ref. Number: W16000052758

We have received your document for HEARTFULLNESS INSTITUTE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00015941

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

NARENDRA KINI 2200 GOLDENROD LANE SAN RAMON, CA 94582

SUBJECT: HEARTFULLNESS INSTITUTE

Ref. Number: W16000052758

We have received your document for HEARTFULLNESS INSTITUTE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00015941

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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. HEARTFULNESS INSTITUTE INC. (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) TEXAS 81-1750608 (State or country under the law of which it is incorporated) (FEI number, if applicable) (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) 6320 AYRES DRIVE, AUSTIN, TX 78746 (Principal office address) 2200 GOLDENROD LANE, SAN RAMON, CA 94582 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENT SOLUTIONS, INC. Name: 155 OFFICE PLAZA DR, SUTE A Office Address: TALLAHASSEE (City) 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.

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.

Adam Saldana, Asst. Secretary

RECEIVED

AUG 19 2016

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: Address: __ Director: Address: __ B. OFFICERS VARADARAJAN KANNAN President: 170 FINSBURY PARK COUT, SUWANEE, GA 30024 Address: ___ SANTOSH KUMAR KHANJEE Vice President: __ 6320 AYRES DRIVE, AUSTIN, TX 78746 Address: NARENDRA KINI Secretary: 2200 GOLDENROD LANE, SAN RAMON, CA 94582 Address: _ Treasurer: NOTE: If necessary, you may attach an adjunction 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. 13. NARENDRA KINI - SECRETARY

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



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 Heartfulness Institute (file number 802408994), a Domestic Nonprofit Corporation, was filed in this office on March 07, 2016.

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 August 08, 2016



Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 683796570003