

F17000004259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

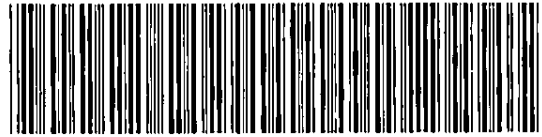
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-71514 Suffix

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2017 SEP 22 PM 4:26  
DEPT. OF STATE  
FALL ARIZONA, ARIZONA

K. SALY  
SEP 22 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Ark Institute

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sameer Hi Peera

\_\_\_\_\_  
Name of Person

The Ark Institute

\_\_\_\_\_  
Firm/Company

1338 Bella Tuscany Cv

\_\_\_\_\_  
Address

Longwood, Florida 32750

\_\_\_\_\_  
City/State and Zip Code

x *Mustakim Virani*  
*mustakim\_virani@yahoo.co.in*

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

For further information concerning this matter, please call:

Mustakim Virani

\_\_\_\_\_  
Name of Person

631

at (\_\_\_\_\_) Area Code

8359396

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

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 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:*

The Ark Institute **INC.**

1. \_\_\_\_\_  
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. NJ 3. 04000197484  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 09/23/2007 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Will initiate operation after getting Foreign status approved  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1338 Bella Tuscany Cv, Longwood, FL 32750  
(Principal office address)

The Ark Institute 324 Maplewood Drive, Paramus, NJ 07652

\_\_\_\_\_  
(Current mailing address, if different)


8. 305 Henry Street, Lindenhurst, NY 11757  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Sameer H Peera  
Office Address: 1338 Bella Tuscany Cv  
Longwood, Florida 32750  
(City) (Zip Code)

**10. 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)

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.

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2011 SEP 22 PM 4:26  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

Sameer H Peera

President: \_\_\_\_\_

1338 Bella Tuscany, Longwood, FL 32750

Address: \_\_\_\_\_

Abeer Hassoun

Vice President: \_\_\_\_\_

25-56 82nd Street

Address: \_\_\_\_\_

Jackson Heights, NY 11370

Suraiya Husein

Secretary: \_\_\_\_\_

65-62 Saunders Street Apt 3F, Rego Park, NY 11374

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.                       
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.                       
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

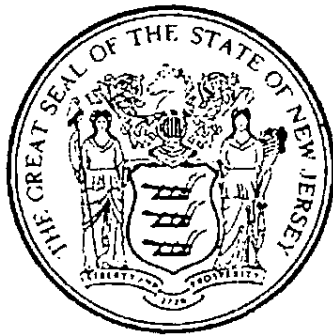
THE ARK INSTITUTE INC  
0400197484

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on September 23, 2007.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

THE ARK INSTITUTE  
324 MAPLEWOOD DRIVE  
PARAMUS, NJ 07652



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
17th day of August, 2017

A handwritten signature in dark ink, appearing to read "Ford M. Scudder".

Ford M. Scudder  
State Treasurer

Certificate Number : 2283306310

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)

2017 SEP 22 PM 4:26  
FILED  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
TREASURY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2017

SAMEER H PEERA  
THE ARK INSTITUTE  
1338 BELLA TUSCANY CV  
LONGWOOD, FL 32750

SUBJECT: THE ARK INSTITUTE  
Ref. Number: W17000071514

We have received your document for THE ARK 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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

Letter Number: 317A00017976

2017 SEP 22 AM 10:43  
TALLAHASSEE, FLORIDA