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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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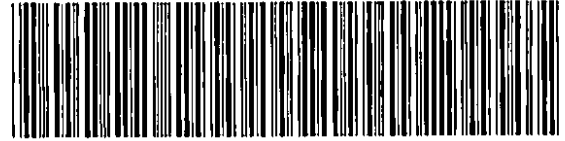
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAHMIN FOUNDATION
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:

BHATT NAYAN
Name of Person

BRAHMIN FOUNDATION
Firm/Company

2815 REDTAIL STREET
Address

PANAMA CITY FL 32405
City/State and Zip Code

nbhatt1957@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BHATT NAYAN at (850) 238-6060
Name of Person Area Code 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:

1. BRAHMIN FOUNDATION INC

(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. MS 3. 27-1414251
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/09/2009 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1021 GREENTREE LANE, SUMMIT MS 39666
(Principal office address)

(Current mailing address, if different)

8. PRACTICE AND LEARN HINDUISM. MEDICAL MISSION FOR THE UNFORTUNATE.
(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: BHATT NAYAN

Office Address: 2815 REDTAIL STREET

PANAMA CITY

(City)

Florida 32405

(Zip Code)

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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.

[Handwritten signature]

(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: BHATT DINESH
Address: 3013 HARRIER STREET, PANAMA CITY, FL 32405

Vice Chairman: BHATT NAYAN
Address: 2815 REDTAIL STREET, PANAMA CITY FL 32405

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: BHATT DINESH
Address: 3013 HARRIER STREET, PANAMA CITY, FL 32405

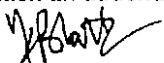
Vice President: BHATT NAYAN
Address: 2815 REDTAIL STREET, PANAMA CITY FL 32405

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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TALLAHASSEE, FLORIDA

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. NAYAN K. BHATT - Vice - Chairman
(Typed or printed name and capacity of person signing application)



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 9th day of November, 2009, the State of Mississippi issued a Charter/
Certificate of Authority to:

BRAHMIN FOUNDATION

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of
Withdrawal have not been filed.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Brahmin Foundation is in good standing at this time.

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CLERK OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Given under my hand and seal of office
the 16th day of January, 2018

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18047138

Verify this certificate online at <http://corp.sos.ms.gov/corpcorv/verifycertificate.aspx>