

FI 8000003173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

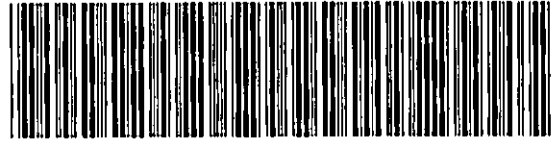
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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MAY 29 2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL 10 PM 12:37

FILED

HARRTS Clinic INC.

3386 SE 54th AVE

Ocala, FL 34480

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Attn: Octavia L Simmons

Dear Octavia L Simmons,

This is in regards to the notice that you have send me on June 19, 2018 Letter Number 118A00012779. I am attaching the Certificate of good standing from the State of Wyoming. If you have any queries please feel free to contact me. Please take this letter in to consideration and take necessary action that is required.

Thanking You

Pavasia Jawahir B

RECEIVED

2018 JUL 10 PM 1:34

FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

PAVASIA JAWAHR B
3386 SE 54TH AVE
OCALA, FL 34480

SUBJECT: HARRTS CLINICS, INC.
Ref. Number: W18000051591

We have received your document for HARRTS CLINICS, INC. 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00012523



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2018

PAVASIA JAWAHR B
3386 SE 54TH AVE
OCALA, FL 34480

SUBJECT: HARRTS CLINICS, INC.
Ref. Number: W18000051591

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00011406

48

RECEIVED
2018 JUN 13 PM 12:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations
HARRTS CLINICS, 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:
PAVASIA JAWAHR B

Name of Person
HARRTS CLINICS, INC.

Firm/Company
3386, S.E 54TH AVENUE

Address
OCALA FLORIDA 34480

City/State and Zip code
JAY@JERUZ.COM

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

For further information concerning this matter, please call:

PAVASIA JAWAHAR B 352 875 4883

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.

HARRTS CLINICS, 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)
WYOMING 82-5511455

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

26 APRIL 2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

06 01 2018

6. _____
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

3386 S E 54TH AVENUE OCALA FLORIDA 34480

7. _____
(Principal office address)

(Current mailing address, if different)

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

PAVASIA JAWAHAR B

Name: _____

3386 SE 54TH AVENUE

Office Address: _____

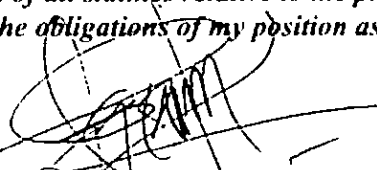
OCALA

34480

_____, Florida _____
(City) (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.

FILED
18 JUL 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KATEKARI SANTOSH SHARAD

Address: 3336 S E 54TH AVENUE

Ocala Florida 34480

Vice President: PAVASIA JAWAHAR B

Address: 3336 S E 54TH AVENUE Ocala Florida 34480

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. PAVASIA JAWAHAR P

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. PAVASIA JAWAHAR B - VICE PRESIDENT

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

FILED
18 JUL 10 AM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

HARRTS CLINICS, INC.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **April 26, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000800578**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of July, 2018 at 9:49 AM. This certificate is assigned 027137728.



Edward A. Buchanan
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.