

# F18000003280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

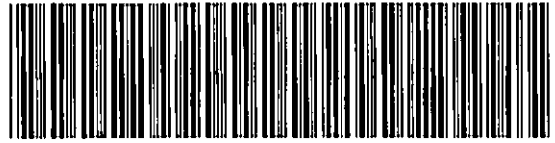
(Business Entity Name)

(Document Number)

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

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*701  
Not for  
Profit*

*F18-3280*

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STATE OF NEW YORK  
JUL 9 2018  
AM 9:50

N. CAUSSEAU

JUL 19 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Humanitarian Mission - Guyana Inc.  
\_\_\_\_\_  
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:

Suresh N. Sugrim

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

Humanitarian Mission Guyana, Inc.

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

3441 Rolling Hills Lane

\_\_\_\_\_  
Address

Apopka Florida 32712

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

ssugrim@aol.com

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

For further information concerning this matter, please call:

Suresh N. Sugrim

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

973  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

868 6163

\_\_\_\_\_  
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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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:*

Humanitarian Mission Guyana 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. New Jersey 3. 81-3447372  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 5th 2016 5. N/A  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3441 Rollin Hills Ln  
(Principal office address)

Apopka Florida 32712  
(Current mailing address, if different)

8. Charitable and Educational purposes, as well for the prevention of cruelty to animals  
(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: Suresh N. Sugrim

Office Address: 3441 Rolling Hills Ln  
Apopka, Florida 32712  
(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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Sanjay Mittal  
Chairman: \_\_\_\_\_  
69 West 1st Street  
Address: \_\_\_\_\_  
Bayonne, NJ 07002  
\_\_\_\_\_  
Suresh Sugrim  
Vice Chairman: \_\_\_\_\_  
3441 Rolling Hills Ln  
Address: \_\_\_\_\_  
Apopka, Florida 32712  
\_\_\_\_\_  
Prabhu Dutt  
Director: \_\_\_\_\_  
4576 Bronx Blvd  
Address: \_\_\_\_\_  
Bronx, NY 10470  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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HONORARY  
MEMBERSHIP

**B. OFFICERS**

Suresh N. Sugrim  
President: \_\_\_\_\_  
3441 Rolling Hills Ln  
Address: \_\_\_\_\_  
Apopka, Florida 32712  
\_\_\_\_\_  
Parmanand Lutawan  
Vice President: \_\_\_\_\_  
24 Waldo Avenue  
Address: \_\_\_\_\_  
Bloomfield New Jersey 70003  
\_\_\_\_\_  
Sanjay Mittal  
Secretary: \_\_\_\_\_  
69 West 1st Street , Bayonne New Jersey 07002  
Address: \_\_\_\_\_  
Heimawati D. Gossai  
Treasurer: \_\_\_\_\_  
259 North 17th Street Bloomfield NJ 07003  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

13. Suresh N. Sugrim  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. SURESH N. SUGRIM, PRESIDENT  
(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 HUMANITARIAN MISSION - GUYANA INC.**

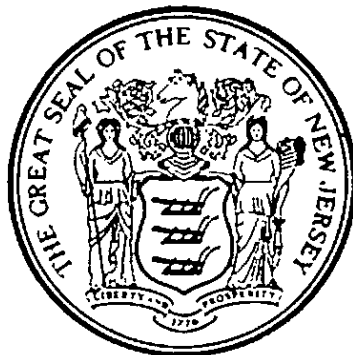
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on August 05, 2016.*

*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:*

SURESH SUGRIM  
259 NORTH 17TH STREET  
BLOOMFIELD, NJ 07003



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of July, 2018

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6089573493

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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SECRETARY OF STATE  
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