

F21000003623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

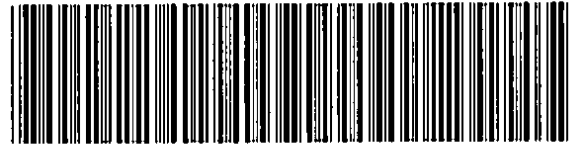
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/21--01007--003 **87.50

RECEIVED
2021 JUN 28 AM 9:33
TALLAHASSEE, FL

FILED
2021 JUN 28 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2021

AUSLEY & MCMULLEN, P.A.

SUBJECT: SHIV YOG CORPORATION
Ref. Number: W21000093613

We have received your document for SHIV YOG CORPORATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Suzanne Hawkes
Regulatory II

Letter Number: 321A00014774

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIV YOG CORPORATION

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:

DAVID J. WEISS

Name of Person

AUSLEY & McMULLEN, P.A.

Firm/Company

Post Office Box 391

Address

Tallahassee, FL 32302

City/State and Zip code

gauri189@gmail.com

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

For further information concerning this matter, please call:

Janet Wilks

at (850) 425-5350

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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*

1. SHIV YOG CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SHIV YOG CORPORATION OF FLORIDA

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

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

4. SEPTEMBER 11, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 229 MAIN STREET, LAKEVILLE, CT 06039
(Principal office street address)

(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM
Office Address: 1200 S. PINE ISLAND RD
PLANTATION, Florida 33324
(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.

Maconna Cuddihy
Assistant Secretary
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

FILED
2021 JUN 28 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: NITYA MUKESH MADHAV

☐ Vice Chairman Address: 229 MAIN STREET

☐ Director LAKEVILLE, CT 06039

☒ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name

☐ Vice Chairman Address

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name

☐ Vice Chairman Address

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name

☐ Vice Chairman Address

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name

☐ Vice Chairman Address

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name

☐ Vice Chairman Address

☐ Director

☐ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 Nitya Mukesh Madhav

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 NITYA MUKESH MADHAV, PRESIDENT

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

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

SHIV YOG CORPORATION

a domestic STOCK corporation, was filed in this office on September 11, 2015. The following is a list
of all documents filed in this office:

| Filing Type: ----- | File Date/Time: ----- | Effective Date/Time: ----- |
|----------------------------------|-----------------------------|-------------------------------|
| CERTIFICATE OF INCORPORATION | September 11, 2015 12:00 PM | September 11, 2015 12:00 PM |
| ORGANIZATION AND FIRST REPORT | September 11, 2015 12:00 PM | September 11, 2015 12:00 PM |
| REPORT (2016) | April 01, 2020 08:47 AM | |
| REPORT (2017) | April 01, 2020 08:50 AM | |
| REPORT (2018) | April 01, 2020 08:59 AM | |
| REPORT (2019) | April 01, 2020 09:06 AM | |
| REPORT (2020) | September 03, 2020 02:21 PM | |

Secretary of The State of Connecticut

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of The State of Connecticut

Date Issued: March 31, 2021