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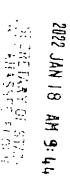
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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JAN 20 2022 M. SOLOMON

COVER LETTER

	Registration Section Division of Corporations						
CIID IE	CT: HEARTFULNESS INSTITUTE INC.						
SUDJE	Name of Corporation – m	ust include suffix					
Dear Sir	or Madam:						
Affairs in register t	osed "Application by Foreign Not for Profit Corporation, "Certificate of Existence", or "Certificate above referenced not for profit corporation to o	ate of Status" and checonduct its affairs in F	ck are submitted to				
Please re	eturn all correspondence concerning this matter to	the following:					
	NARENDRA KINI						
	Name of Person	on					
	HEARTFULNESS INSTITUTE INC.						
	Firm/Company						
			2022 JAN 18 AM 9: 44 SECRETARY OF STATE A HASSEC FERRI				
			8 AH 9: 4 87 OF STATE 87 OF STATE				
	2200 GOLDENROD LANE						
	Address						
	SAN RAMON, CA 94582						
	City/State and Zip	Code					
	US.TREASURER@HEARTFULNESSINSTIT	TUTE.ORG					
	E-mail address: (to be used for future	annual report notificat	ion)				
For furth	ner information concerning this matter, please call	:					
VIJI RA	AGAVENDRAN 630 at (701-0250					
	Name of Person Area	Code Daytime Tele	phone Number				
F I F	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporati The Centre of Tallah (415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810				
Please ma	· · · · · · · · · · · · · · · · · · ·	F STATE 8.75 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:

(If name unavails	able in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ness in Flor	ida)	
2. TEXAS	2 81-1750608			
62157/2617	y under the law of which it is incorporated) 3. 81-1750608 (FEI number, if applicable)		- 	
4. O3/07/2010 (Dat	te of Incorporation) 5 (Date of duration, if other than p	erpetual)		
	advertently submitted in 2017 as a Foreign Profit instead of a Foreign Non-Profit ted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determ			2
(Date first conduc	ted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determ	ine penalty	liability	<i>i</i> .)
7	ROD LANE, SAN RAMON, CA 94582			
	(Principal office street address)			
	(Current mailing address, if different)	23.55	2022	
8. Meditation and s	tress relief techniques and practices for Corporates, communities, schools and colleges. rporation authorized in home state or country to be carried out in the state of Florida)	建 商	JAN	
(Purpose(s) of co	rporation authorized in home state or country to be carried out in the state of Florida)	:0:1:	8	1
	t address of Florida registered agent: (P.O. Box NOT acceptable)	AE IN TOTAL	AH 9:	
Name: C	orporation Service Company		1.1.	
Office Address: 11	orporation Service Company 201 Hays Street Callahassee 32301		_	
 1	(City), Florida 32301 (Zip Code)			
_	(City) (Zip Code)			

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

A. DIRECTOR			
□Chairman	VARADARAJAN KANNAN Name:	□Chairman	Name: BALAJI IYER
□Vice Chairman	170 FINSBURY PARK CT. Address:	□Vice Chairman	Address: 24977 GLENDA STREET
Director	SUWANEE, GA 30024	□Director	NOVI, MI 48375
≅ President		□President	
□Vice President		■Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□ Chairman	NARENDRA KINI Name:	□Chairman	Name:
□Vice Chairman	2200 GOLDENROD LANE Address:	□ Vice Chairman	Address:
□Director	SAN RAMON, CA 94582	□Director	
President		□President	2022 J
□Vice President		□Vice President	JAN TO
Secretary	Treasurer	☐Sccretary	S → CO
□Other:	Other:	□Other:	
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	□ Other:
Non-indexed indi 13NARENDE	(Signature of Chairman, Vice Chairman, or any or KAKINI, SECRETARY	officer listed in number	of State Annual Report form. 12 of the application)
) T.	(Typed or printed name and capacity of	person signing applicat	nion)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



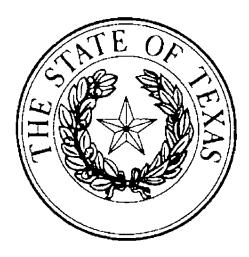
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document. Certificate of Formation for Heartfulness Institute (file number 802408994), a Domestic Nonprofit Corporation, was filed in this office on March 07, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 11, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555