

F23000000877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

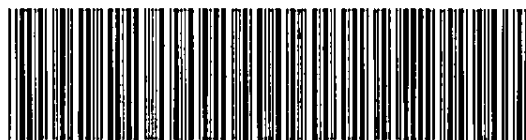
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W230000007950

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2023 FEB - 8 PM 2:52

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APPROVED
AND
FILED

FEB 13 2023
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2023

STEVEN O. MEGLIO, CPA
60 ROSELAND AVENUE
CALDWELL, NJ 07006

SUBJECT: AYATI, A NEW JERSEY NONPROFIT CORPORATION
Ref. Number: W23000007950

We have received your document for AYATI, A NEW JERSEY NONPROFIT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 923A00001644

RECEIVED
FEB 08 2023

*Section 8 - complete.
Thank You.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYATI, A NEW JERSEY NONPROFIT CORPORATION
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:

STEVEN O. MEGLIO, CPA

Name of Person

THE MEGLIO GROUP, P.C.

Firm/Company

60 ROSELAND AVENUE

Address

CALDWELL, NJ 07006

City/State and Zip Code

MSEDA@THEMEGLIOGROUP.COM

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

For further information concerning this matter, please call:

STEVEN O. MEGLIO

Name of Person

at (973) 521-5060
Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. AYATI, A NEW JERSEY NONPROFIT CORPORATION

(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. 47-1435119
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 12, 2014 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. 3 WRIGHT STREET, SCOTCH PLAINS, NJ 07076
(Principal office street address)

P.O. BOX 298, SCOTCH PLAINS, NJ 07076
(Current mailing address, if different)

8. _____
For the purpose of developing & supporting programs that bring education & materials to promote optimal hygienic practices to girls in rural parts of India.

(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: Anjali Shah

Office Address: 18719 Birchwood Groves Drive

Lutz, Florida 33558
(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.

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APPROVED
AND
FILED

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

A. DIRECTORS

☐ Chairman Name: Jigisha Patel
☐ Vice Chairman Address: 12 Hidden Meadow Drive
☐ Director Scotch Plains, NJ 07076
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sneha Patel
☐ Vice Chairman Address: 22 Messenger Lane
☐ Director Ringoes, NJ 08551
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sima Desai
☐ Vice Chairman Address: 30 Winchester Drive
☐ Director Scotch Plains, NJ 07076
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sneha Desai
☐ Vice Chairman Address: 3 Wright Street
☐ Director Scotch Plains, NJ 07076
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Piyush Mehta
☐ Vice Chairman Address: 100 Manhattan Ave, Apt. 2309
☐ Director Union City, NJ 07087
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Trustees at Large ☐ Other: _____

☐ Chairman Name: Arvin Patel
☐ Vice Chairman Address: 1425 Floyd Avenue
☐ Director Sunnyvale, CA 94087
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Trustees at Large ☐ Other: _____

NOTE: 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.

13. Sneha Desai
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sneha Desai, Treasurer
(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**

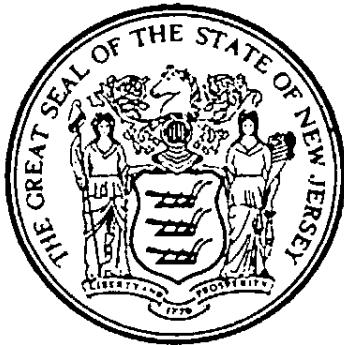
AYATI, A NEW JERSEY NONPROFIT CORPORATION
0101033213

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 June 12, 2014.

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:

SNEHA DESAI
3 WRIGHT STREET
P.O. BOX 298
SCOTCH PLAINS, NJ 07076



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
24th day of October, 2022*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6136989335

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp