

F230000001543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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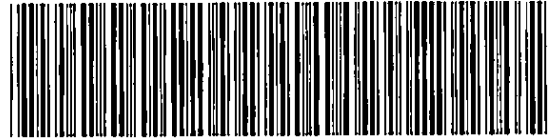
(Business Entity Name)

(Document Number)

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

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2023 MAR 18 10:00 AM

S. FRANKLIN  
MAR 18 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All India Movement (AIM) for Seva, 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:

Noel A. Fleming, esq.

Name of Person

Fleming Petenko Law

Firm/Company

PO Box 202

Address

Valley Forge, PA 19481

City/State and Zip Code

nfleming@nonprofitlawllc.com

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

For further information concerning this matter, please call:

Noel A. Fleming, esq.

Name of Person

at (267) 422-9855  
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**

☒ \$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 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. All India Movement (AIM) for Seva, Inc.  
(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 York 3. 11-3573392  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/31/2000 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. The organization has been registered to solicit charitable contributions in Florida since 2013 - Registration No. CH45337  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 491 South Oyster Bay Road, Plainview, NY 11803  
(Principal office street address)
- 651 Route 115 PO Box 639, Saylorsburg, PA 18353  
(Current mailing address, if different)
8. Make distributions to exempt 501(c)(3) organizations, promote Indian culture, train volunteers to help the poor in 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: Krishnakumar S. Davey

Office Address: 4991 Bonita Bay Blvd #1401

Bonita Springs, Florida 34134  
(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. 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: Krishnakumar S. Davey  
☐ Vice Chairman Address: 4991 Bonita Bay Blvd #1401  
Bonita Springs, FL.  
☒ Director 34134.  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Pramod Deshmukh  
☐ Vice Chairman Address: PO Box 639, Saylorsburg  
PA 18353  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

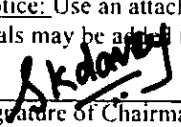
☐ Chairman Name: Piyush Shah  
☐ Vice Chairman Address: PO Box 639, Saylorsburg  
PA 18353  
☐ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Dr. Sankar Niranjana  
☐ Vice Chairman Address: PO Box 639, Saylorsburg  
PA 18353  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: L. Shanti Kumar  
☐ Vice Chairman Address: PO Box 639, Saylorsburg  
PA 18353  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Arun Puranik  
☐ Vice Chairman Address: PO Box 639, Saylorsburg  
PA 18353  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ 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.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Krishnakumar S. Davey, Director  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** ALL INDIA MOVEMENT (AIM) FOR SEVA, INC.  
**DOS ID Number:** 2569152  
**Entity Type:** DOMESTIC NOT-FOR-PROFIT CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 10/31/2000

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION  
**Date of Filing:** 10/31/2000  
**Entity Name:** ALL INDIA MOVEMENT (AIM) FOR SEVA, INC.

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on February 03, 2023 at  
09:11 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State