=23/10000a19

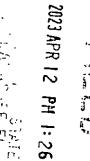
(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Regi	stration Section sion of Corporations				
SUBJECT:	Port St. Lucie RJ, Inc.				
Name of corporation - must include suffix					
Dear Sir or N	fadam:				
"Certificate of	Page 1 "Application by Foreign C of Existence," or "Certificate or to lead to the foreign corporation	e of Good Sta	inding and check are su	act Business in bmitted to regis	Florida," ster the
Please return	all correspondence concern	ing this matte	er to the following:		
Rick S. Sextor	1				
		Name o	f Person		•
Zachary & Seg	graves PA	_			
		Firm/Co:	mpany		. 70
1000 Commer	ce Dr.				2023 IPR 12 PM
		Add	ress		PR
Decatur, Ga. 3	0030				12
		City/State	and Zip code		(S) 7
ricksexton30@	igmail.com				141.
	E-mail addres	s: (to be used	for future annual report	notification)	FEE
For further in	nformation concerning this r	natter, please	call:		(r, <u> </u>
Rick S. Sexto	n	404 at (373-1685		
Nan	ne of Person	Area Co	de Daytime Tele	phone Number	
Regi Divi The 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 81 shassee, FL 32303		MAILING A Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	•
Enclosed is a Please make o	a check for the following am theck payable to: FLORIDA D iling Fee S78.75 Fili Certificate	EPARTMEN ng Fee &	T OF STATE □ \$78.75 Filing Fee & Certified Copy		Filing Fee, ate of Status & d 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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)
Georgia	•	92-2542834	<u> </u>
(State or count	y under the law of which it is incorporated)	(FEI number, if appli	cable)
02/16/2023	5.	(Date of duration, if other than	
(Date	of incorporation)	(Date of duration, if other than	n perpetual)
llas not yet star	ed business in Fla.		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) O2, F.S., to determine penalty liability)	
9019 S. US I Sou	th, Port St. Lucie, FL 34952		
Same	(Principal offic	e <u>street</u> address)	2023 APR
	(Current mailing	; address, if different)	R 12
Name:	Kushal Bhagchandani 9019 S. US I South	Box NOT acceptable)	PH 1: 26
Mice Address:		2.1052	
	Port St. Lucie	, Florida	
	(City)	(Zip code)	
Invina heen nan	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rei	ent as registered agent and agree :	to act in this capacity. I

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
≅ Chaimian	Name,	⊕Chairman [©]	Name	Kushal Bhagehandani
□Vice Chairman	Address, 630 Edgecomb Drive Stockbridge, GA 30281	□Vice Chairman	Address _	15987 Whippoorwill Circle Westlake, FL 33470
☐ Director		● Dacctor		
☐ President		Provident		· · · · · · · · · · · · · · · · · · ·
□Vice President		©Vice President		
□ Secretary:	☐ Treasurer	DSecretary		□Treakurer
□Other	Other	COther		Other
Chairman	Name: Vinita Bhagehandani	□Chairman	Name:	
□Vice Chairman	Address: 15987 Whippoorwill Circle Westlake, FL 33470	□Vice Chamman	Addiess: _	
□Director	westrake, Pt. 33479	□Director		
□ President		□President		
□Vice President		□Vice President		
Secretary	□ Ticasurer	☐Secretary		□Treasurer 72
□Other	COther	[]Other		Other AP
□Chairman i	Name:	☐Chairman	Name	2 PH
□Vice Chairman	Address:	□Vice Chuimnan	Address:	757 2
☐ Director _		☐ Director		
□ President _		□President		
□Vice President _		□Vice President		
□ Secretary	☐Treasurer	Secretary		Treasurer
□Other	Other	□Othe:		□Other
individuals may be:	ise an attachment to report more than six (6). The added to the index when filing your Florida Department of Signature of Direct	rement of State Annual Pen	ort form	
·- —————	Signature of Direct	or or Officer		
The officer or direct she is aware that fall s.817.455, F.S.	for signing this document (and who is listed in not see information submitted in a document to the De in, Director and Owner	mber III above) aftirms that	t the facts str	ited berein are true and that he or

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

Control Number: 23036783

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Port St. Lucie RJ, Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is primaracie? It evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24731035 Date Inc/Auth/Filed: 02/16/2023 Jurisdiction : Georgia Print Date : 03/10/2023

Form Number : 211



Brad Raffersperger

Brad Raffensperger Secretary of State



March 30, 2023

RICK S SEXTON 1000 COMMERCE DR DECATUR, GA 30030 US

SUBJECT: PORT ST. LUCIE RJ, INC

Ref. Number: W23000043070

We have received your document for PORT ST. LUCIE RJ, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Each officer should be separated on the application w/ the name, address & title.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 423A00007366

