Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000281253 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:					
			-	•		

## FOREIGN PROFIT/NONPROFIT CORPORATION GAJAVAKTRA CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Help

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From: Tatyana I

### **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:	GAJAVAKTRA CORPORAT	ION	
	Name of	corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate of	"Application by Foreign Corp Existence," or "Certificate of eed foreign corporation to tra	if Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return :	ill correspondence concernin	g this matter	to the following:
Cheyenne Mos	eley		
		Name of	Person
Legalzoom.com	n, Inc.		
**************************************		Firm/Com	pany
101 N Brand B			
		Addre	
Glendale, CA 9	91203		
		City/State ar	nd Zip code
tusha:@tushacj	<del>-</del>		
······································	E-mail address:	(to be used f	or future annual report notification)
For further in!	ormation concerning this mat	tter, please e	all:
Cheyenne Mos	eley	800	<u> </u>
Namo	of Person	Area Code	Daytime Telephone Number
Regist Divisi The C 2415 ?	ET/COURIER ADDRESS: action Section on of Corporations entre of Tallahassee N. Monroc Street, Suite 810 assec, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314
Enclosed is a c Please make che E \$70.00 Filia	sheek for the following amou eck payable to: FLORIDA DEF ng Fee	PARTMENT Fee & 👤	OF STATE.  \$78.75 Filing Fee &  Certified Copy  Certified Copy  Certified Copy

To:

## 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.

(Enter name of c	corporation: must include "INCORPORATED,"  Torp." "Inc.," "Co." or "Corp.")	"COMPANY," "CORPORATION,	,
(If name maya)	able in Florida, enter alternate corporate name ac	hanted for the number of from acting	hashes to Pleat 4.
		87-1364043	odsniess in Fiorida)
, 06/22/2021	ry under the law of which it is incorporated)	(FEI number, if appl	
(Date	e of incorporation)	(Date of duration, if other th	an perpetual)
6			
	(Date first transacted husiness in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S., to determine penalty liability	·)
7. 88 Darwin Ave.,	Rutherford, NJ 07070		
	(Principal office	e <u>street</u> address)	
<del></del>	(Current mailing	address, if different)	<del></del>
		ŕ	( a . <b>b.3</b>
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2023 150 150
Nanic:	United States Corporation Agents, Inc.	<del></del>	
Office Address:	476 Riverside Ave.		<u> </u>
	Jacksonville	Placida 32202	
	(City)	, Florida 32202 (Zip code)	
9. Registered ag	ent's acceptance:		13
Having been nam	ied as registered agent and to accept service	of process for the above stated o	corporation at the pare
further agree to c	application, I hereby accept the appointme comply with the provisions of all statutes rel with and accept the obligations of my posi	ative to the proper and complete	
	OM	CHEYENNE MOSELEY, SECRETARY, UNITED S CORPORATION AGENT	STATES
_	(Registered agent's sign	nature)	<del></del>

<sup>10.</sup> 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.

A. DIRECTORS					
□Chairman	Name:	□Chairman □Vice Chairman	Name:Address:		
□Vice Chairman	Address: 88 Darwin Ave				
<b>■</b> Director	Rutherford, NJ 07070	□Director			
■President	<del></del>	□President			
□Vice President		□ Vice President	*****		
Secretary	Treasurer	□ Secretary		□Treasurer	
⊒Other	□Other	□Other	····	<b>□</b> Other	
□Chairman	Name:	□ Chairman	Name:		
⊒Vice Chairman	Address:	∐Vice Chairman	Address:	<del> </del>	
□Director		Director	•		
□President		□President			
□Vice President		□Vice President			
□Secretary	Treasurer	□Secretary		☐ Treasurer	
□Other	□Other	□Other	****	□Other	
⊒Chairman	Name:	□Chaitman	Name:		
∃Vice Chairman	Address;	□Vice Chairman	Address;		
□Director		Director			
□President		□President			
□Vice President		☐ Vice President	<del></del>		
□Secretary	☐ freasurer	☐ Secretary		☐ Treasurer	
□Other	Other	□Other		□Other	
individuals may be	ise an attachment to report more than six (6). The at added to the index when filing your Florida Departs	ment of State Annual Re	I for reporting port form.	purposes only. Non-indexed	
	Signature of Directo	r or Officer			
she is aware that fail s.817.155, F.S.	for signing this document (and who is listed in mum lse information submitted in a document to the Department				
3 Tusharkuma	r Patel, President				

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### GAJAVAKTRA CORPORATION

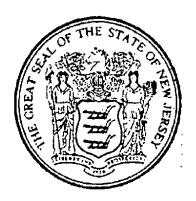
0450666779

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 22, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022-2023

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of August, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6145653029

Verify this certificate online at

https://www.f.state.nj.us/TYFR\_StandingCerr/JSP/Cerify\_Cert.jsp