

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOYADHAM CHARITIES 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:

HARIKRISHNABHAI PATEL

Name of Person

LOYADHAM CHARITIES INC.

Firm/Company

10 W SOMERSET ST

Address

RARITAN, NJ 08869

City/State and Zip Code

info@taxfirmine.com

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

For further information concerning this matter, please call:

HARIKRISHNABHAI PATEL

Name of Person

478

at (_____) _____

Area Code

954-4931

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. LOYADHAM CHARITIES 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 JERSEY

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 03/17/2022

(Date of Incorporation)

5.

(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. 10 W SOMERSET ST, RARITAN, NJ, 08869

(Principal office street address)

(Current mailing address, if different)

8. EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(c)(3) of the
(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: YOGESHKUMAR RANPARIYA

Office Address: 12826 SOLOLA WAY

TRINITY

(City)

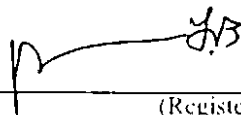
Florida 34655

(Zip Code)

2024 JAN 12 PM 12:13
SECRETARY OF STATE
FILED

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

<input checked="" type="checkbox"/> Chairman	Name: <u>GURUKOTHARISWAMI NANDKISHORDASJI SHASTRI GHANSHYAM PRAKASHDASJI</u>	<input type="checkbox"/> Chairman	Name: <u>YOGESH R. PATEL</u>
<input type="checkbox"/> Vice Chairman	Address: <u>10 WEST SOMERSET ST RARITAN, NJ 08869</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>120 MANLOVE AVE HIGHTOWN, NJ 08520</u>
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input checked="" type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>SHASTRI GANSHYAM RANCHHOD BHAGAT PARSHAD</u>	<input type="checkbox"/> Chairman	Name: <u>HARIKRISHNABHAI G. PATEL</u>
<input type="checkbox"/> Vice Chairman	Address: <u>10 WEST SOMERSET ST RARITAN, NJ 08869</u>	<input type="checkbox"/> Vice Chairman	Address: <u>110 HIDDEN LAKES DR GRAY, GA 31032</u>
<input checked="" type="checkbox"/> Director	_____	<input checked="" type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>SANJIVKUMAR B. PATEL</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>256 HIGH POINT TRAIL, NW MILLEDGEVILLE, GA 31061</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. H.G. Patel
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HARIKRISHNABHAI G. PATEL
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

LOYADHAM CHARITIES INC.
0450785277

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 March 17, 2022.

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:

YOGESH PATEL
10 W SOMERSET ST.
RARITAN, NJ 08869

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on December 20, 2023.

PRESIDENT

GURUKOTHARISWAMI SHASHTRI
GHANSHYAM PRAKASHDASHI
10 W Somerset St.
Raritan, NJ 08869-0886

SECRETARY

SHASTRI GANSHYAM RANCHHOD
BHAGAT PARSHAD
NATIONAL HWY 8
AT KANDARI
KANDARI,

SECRETARY

HARIKRISHNA g PATEL
110 Hidden Lakes Drive
Gray, GA 31033

TREASURER

SANJIV B PATEL
236 HIGH POINT TRL NW
MILLEDGEVILLE, GA 31061

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

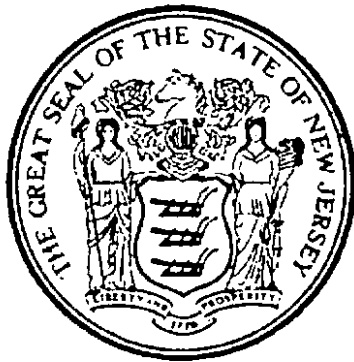
LOYADHAM CHARITIES INC.
0450785277

VICE PRESIDENT

YOGESH K PATEL

120 MANLOVE AVE

HIGHTSTOWN, NJ 08520



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of January, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6149554326

Verify this certificate online at

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