

M160000007731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

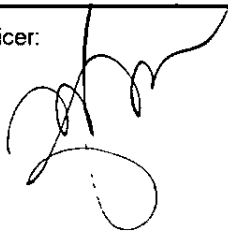
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

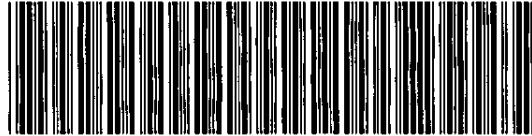
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

SEP 29 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARAM BHAKTI HEALTHCARE AND RESEARCH SERVICES LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

VIPUL AMIN

Name of Person

PARAM BHAKTI HEALTHCARE AND RESEARCH SERVICES LLC

Firm/Company

26 LOWELL STREET

Address

ISELIN, NJ 08830

City/State and Zip Code

VAMIN@PARAM.US.COM

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

For further information concerning this matter, please call:

VIPUL AMIN

908

296-5181

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PARAM BHAKTI HEALTHCARE AND RESEARCH SERVICES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. NEW JERSEY

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 47-2626825

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 26 LOWELL STREET

ISELIN, NJ 08830

(Street Address of Principal Office)

6. 26 LOWELL STREET

ISELIN, NJ 08830

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VIPUL AMIN

Office Address: 22846 SONOMA LN

LUTZ

(City)

, Florida 33549

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*



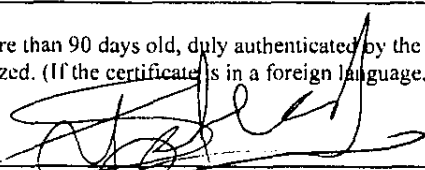
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DR. SARVADAMAN PATHIAK, CHIEF EXECUTIVE OFFICER, 22846 SONOMA LN, FL 33549

VIPUL AMIN, MANAGING MAMBERS, 200 MIDDLESEX ESSEX TPK, SUITE 110, ISELIN, NJ 08830

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)



(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DR. SARVADAMAN PATHIAK

Typed or printed name of signer

FILED
16 SEP 27 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

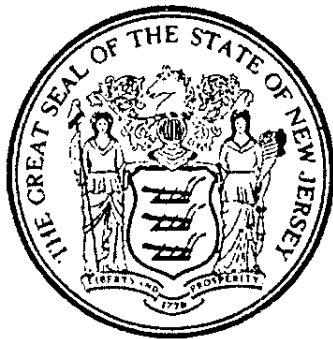
PARAM BHAKTI HEALTHCARE AND RESEARCH SERVICES LLC
0400687971

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 16, 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:

VIPUL AMIN
26 LOWELL STREET
ISELIN, NJ 08830



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of August, 2016

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6073918385

Verify this certificate online at

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA