

ma000005973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

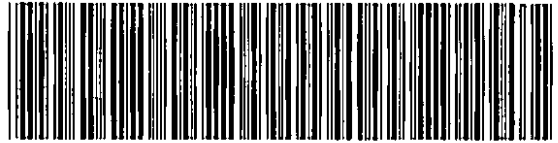
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAPS Gainesville, 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:

Salil Solanki

Name of Person

BAPS Gainesville, LLC

Firm/Company

81 Suttons Lane

Address

Piscataway, New Jersey 08854

City/State and Zip Code

salil.solanki@baps.org

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

For further information concerning this matter, please call:

Salil Solanki

732

585-2985

at ()

Name of Contact Person

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**

☒ \$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. BAPS Gainesville, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(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. 81 Suttons Lane
(Street Address of Principal Office)

6. P O Box 519
(Mailing Address)

Piscataway, New Jersey 08854 Windsor, NJ 08561-0519

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

Name: Vijay Patel

Office Address: 9556 East Fowler Ave

Thonotosassa 33592
(City) , Florida (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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Bochasanwasi Shri Akshar Purushottam Swaminarayan Sanstha - Fellowship Services, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Narhari Patel</u>
<input checked="" type="checkbox"/> Member	Address: <u>81 Suttons Lane</u>	<input type="checkbox"/> Member	Address: <u>81 Suttons Lane</u>
<input type="checkbox"/> Authorized	<u>Piscataway, New Jersey 08854-5723</u>	<input checked="" type="checkbox"/> Authorized	<u>Piscataway, NJ 08854-5723</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

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)

10. 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.

Narhari Patel
Signature of an authorized person

Narhari Patel

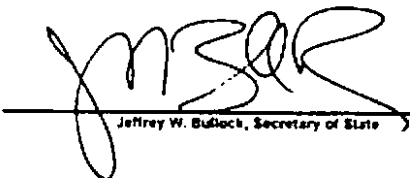
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BAPS GAINESVILLE, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWELFTH DAY OF MAY, A.D. 2020.



Jeffrey W. Bullock, Secretary of State

7858155 8300

SR# 20203776155

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202920632

Date: 05-12-20



BAPS Gainesville, LLC

81 Suttons Lane, Piscataway, New Jersey 08854. Tel: (732) 777-1414 | Fax: (732) 777-1616

June 17, 2020

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

Re: Application by Foreign LLC for authorization to transact business in FL

Dear Sir or Madam,

We are applying for registration of BAPS Gainesville, LLC in the State of Florida and are enclosing herewith the following:

1. Application by Foreign Limited Liability Company for authorization to transact business In Florida
2. Certificate of Good Standing
3. Filing Fees \$125 vide Check # 387101 dated 05.26.20 payable to "FL Department of State"

Should you have any questions, please feel free to contact me at (732) 777-1414 Ext. 112.

Thanking you,

Sincerely,

Salil Solanki
Corporate Affairs Manager

Enclosures