

M20000007421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

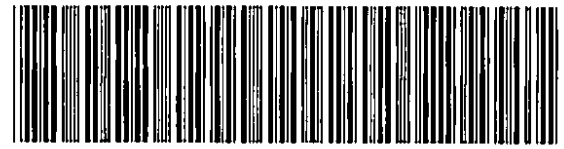
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000081585

Office Use Only



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JUL 16 2020

07/23/20--01021--019 **125.00

2020 AUG 25 PM 3:48
TALLAHASSEE, FLORIDA

US
8/26/20





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2020

THOMAS JOSE
4050 HOTEL DRIVE
DAVENPORT, FL 33897

SUBJECT: JHATKARI HEALTH LLC
Ref. Number: W20000081585

We have received your document for JHATKARI HEALTH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 120A00014214

RECEIVED

AUG 25 2020

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Jhatkari Health 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:

Thomas jose

Name of Person

Jhatkari Health LLC

Firm/Company

4050 Hotel Drive

Address

Davenport, FL 33897

City/State and Zip Code

jhatkari@gmail.com

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

FILED
2020 AUG 25 PM 3:48
TALLAHASSEE, FLORIDA
STATE

For further information concerning this matter, please call:

Thomas Jose

Name of Contact Person

at (863)

Area Code

420-6611

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

Jhatkari Health LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

Name may include other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP."

Oklahoma

Date of incorporation (file date of state of foreign country): 6/1/2020

Date of filing of application:

6/1/2020

Has the foreign company transacted business in Florida, if prior to registration?
See section 605.062(2)(b) for correct F.S. to determine penalty liability.

4050 Hotel Drive

4050 Hotel Drive

Davenport, FL 33897

Davenport, FL 33897

2020 AUG 25 PM 3:48
TALLAHASSEE, FLORIDA

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

Name:

Thomas Jose

Office Address:

4050 Hotel Drive

Davenport

33897

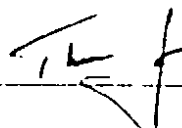
Florida

(City)

(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]

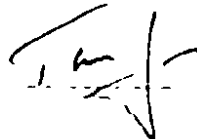
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name <u>Thomas Jose</u>	Manager	Name _____
Member	Address <u>4050 Hotel Drive</u>	Member	Address _____
<input checked="" type="checkbox"/> Authorized	<u>Davenport FL 33897</u>	Authorized	_____
Person	_____	Person	_____
Other	Other _____	Other	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	Other _____	Other	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other	Other _____	Other	Other _____

2020 AUG 25 PM 3:48
TALLAHASSEE FLORIDA
FILE

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 602.0205 (F.S.), 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.



Thomas Jose

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that JHATKARI HEALTH LLC whose registered agent is VISHAL DIXIT KADAKIA, with its registered office at 200 N. HARVEY AVE APT 1608 OKLAHOMA CITY 73102 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 17th day of August, 2020.

[Signature]

Secretary Of State