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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: AD DED THIE TO SAMPLE THE WIND AND THE TELEPHONE OF THE SAMPLE AND ONLY AND ALL OF THE TELEPHONE MANNEY AND ALL ONLY AND ONLY AND ALL ONLY AND A |

Office Use Only



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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: US India Business Forum of Florida , Inc. | | | | | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------------------|--|--|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | | | |
| | | | | | | |
| Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : | | | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | | | |
| | | ADDITIONAL C | OPY REQUIRED | | | |
| | | | | | | |
| FROM: Dr. Piyush C. Agrawal Name (Printed or typed) | | | | | | |
| 1625 Eagle Bend | | | | | | |
| | | | | | | |
| 305-362-0333 | | | | | | |
| 1625 Eagle Bine, Welsphone 1889 Pr | | | | | | |

NOTE: Please provide the original and one copy of the articles.

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

sudhapca@aol.com

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I The name of the o | | s Forum of Florida, Inc. ed to as the "Forum" | |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | | ig address, if different is: |
| | 1625 Eagle Bend, Weston, FL 33327 | | |
| | | | |
| ARTICLE III | PURPOSE | | |
| The purpose for | which the corporation is organized is: | | |
| The purpose of corporation shall 2. The Forum shamember. | f the Forum is to promote bilateral economic a provide a forum to explore solutions to proble all operate as a not-for-profit organization; that y engage in any lawful activity allowed under | ms affecting the growth of business and trade is no part of the income of this Forum shall | e between the two countries. inure to the benefit of any individual |
| ARTICLE IV | MANNER OF ELECTION The ma | nnner in which the directors are elected and | appointed: |
| Directors sh | all be appointed by the Chairma | ın | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIE | RECTORS | |
| Name and | Title: Dr. Pivush C. Agrawal | Name and Title: | |
| Address: | 1625 Eagel Bend | Address: | |
| | Weston, FL 33327 | | |
| | Chairman | | |
| Name and | Fitle: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| Nome and | Title: | Nome and Title: | |
| Address: | Title: | | |
| radiosa. | | | - |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| Name: | orida street address (P.O. Box NOT accep Dr. Piyush C. Agrawal | | |
| Address: | 1625 Eagle Bend | | 2 ⊈ ≐ |
| 714410507 | Weston, FL 33327 | _ | |
| | | | |
| | | | |
| ARTICLE VII | INCORPORATOR | | |
| Name: | Idress of the Incorporator is: Dr. Piyush C. Agrawal | | |
| Address: | 1625 Eagle Bend | | - 15 |
| | Weston, FL 33327 | | |
| | | | NOTE: ST |
| | | | |
| | med as registered agent to accept service | | |
| cerajicate, i am j | amiliar with and accept the appointment as | registereu agent ana agree to act in this co | риспу |
| | \ | | A7147114 |
| | Required Signature of Registered | A | 07 07 11 |
| | Required Signature of Registered | Agent | Date |
| I submit this doc | ument and affirm that the facts stated here | in are true. I am aware that any false info | ormation submitted in a document |
| | t of State constitu e s a third degree felony a | | |
| | 1\ / | | د ا د ا د |
| | | | 07 07 1) |
| _ | Required Signature of Incor | porator | Date |