

N15000006709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

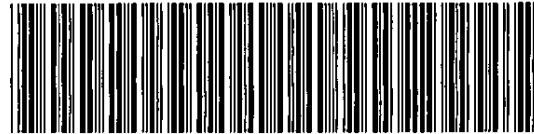
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Heather DePisolation ONE  
ATTENTION: MY FIDELITY TO  
CONTRACT. Art. 6  
DATE 7-13-15  
DOC. EXAM 7/15

Office Use Only

WISW44396



400274262674

06/23/15--01010--009 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 23 PM 4:48

FILED

## COVER LETTER

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

SUBJECT: SHRUTI FOUNDATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE 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 COPY REQUIRED**

FROM:

HEATHER DERISO-LAHIRI

Name (Printed or typed)

18215 CYPRESS HAVEN DR.

Address

TAMPA, FL 33647

City, State & Zip

813 349-9252

Daytime Telephone number

shrutiaimtampa@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2015

HEATHER DERISO-LAHIRI  
18215 CYPRESS HAVEN DR  
TAMPA, FL 33647

SUBJECT: SHRUTI  
Ref. Number: W15000044396

We have received your document for SHRUTI and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 415A00013618

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: SHRUTI Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

18215 CYPRESS HAVEN DR.  
TAMPA, FLORIDA 33647

Mailing address, if different is:

18215 CYPRESS HAVEN DR.  
TAMPA, FL 33647

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO LEAD OUR COMMUNITY, NATION  
AND WORLD TO A DEEPER APPRECIATION + INVOLVEMENT  
OF WORLD CULTURAL MUSIC, SPECIALIZING IN INDIAN  
CLASSICAL MUSIC. THROUGH FREQUENT PUBLIC PERFORMANCES,  
PROGRESSIVE, QUALITY TRAINING, INTERACTIVE WORKSHOPS  
+ EDUCATIONAL OUTREACH PROGRAMS, SHRUTI FOUNDATION  
ASPIRES TO PRESERVE + PROMOTE INDIAN MUSIC + INTER-  
CULTURAL MUSIC.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

AS STATED IN THE BYLAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: D. <sup>M.</sup> SUNHIL MATETHIA Name and Title: \_\_\_\_\_

Address 17924 ARBOR <sup>GREENE</sup> DR. Address: \_\_\_\_\_  
TAMPA, FL 33647

Name and Title: D. YESHAWANT V. GINDE Name and Title: \_\_\_\_\_

Address 10262 ESTUARY DR. Address: \_\_\_\_\_  
TAMPA, FL 33647

Name and Title: D. MANOHAR N. APTE Name and Title: \_\_\_\_\_

Address 17215 BROADDAK DR. Address: \_\_\_\_\_  
TAMPA, FL 33647

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15 JUN 23 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HEATHER DERIGO-LAHIRI  
Address: 18215 CYPRESS HAVEN DR.  
TAMPA, FL 33647

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15 JUN 23 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HEATHER DERIGO-LAHIRI  
Address: 18215 CYPRESS HAVEN DR.  
TAMPA, FL 33647

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7-1-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Heather Derigo-Lahiri  
Required Signature of Registered Agent

6-19-15  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

Heather Derigo-Lahiri  
Required Signature of Incorporator

6-19-15  
Date