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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

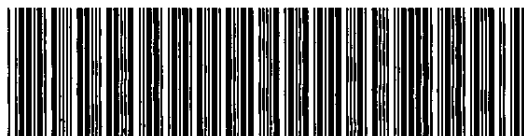
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 18 2016

T. SCOTT



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05/10/16--01019--007 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 10 PM 1:40

## COVER LETTER

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

**SUBJECT:** Sant Nirankari Mission 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:** Mohinder Chawla  
Name (Printed or typed)

11254 Pond Cypress St  
Address

Ft Myers FL 33913  
City, State & Zip

517-294-1122  
Daytime Telephone number

snmflorida@gmail.com  
E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be: 'Sant Nirankari Mission Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

11254 Pond Cypress St Ft Myers FL 33913

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide church for congregation

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as per bylaws

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mohinder Chawla PI

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

Address 11254 Pond Cypress St Ft Myers FL 33913

Address: \_\_\_\_\_

Name and Title: Rajinder Chawla Member

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

Address 11254 Pond Cypress St Ft Myers FL 33913

Address: \_\_\_\_\_

Name and Title: Sawinder Chawla Member

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

Address 11254 Pond Cypress st Ft Myers FL 33913

Address: \_\_\_\_\_

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 10 PM 1:40

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Mohinder Chawla  
Address: 11254 Pond Cypress St  
Ft Myers FL 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mohinder Chawla  
Address: 11254 Pond Cypress St  
Ft Myers FL 33913

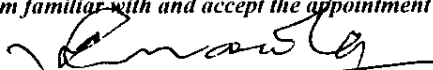
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

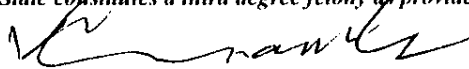


Required Signature of Registered Agent

5-6-2016

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.*



Required Signature of Incorporator

5-6-2016

Date