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October 11, 2016

SHANTILAL GORADIA (2ND NOTICE) 1707 LOWELL WOOD E. MISHAWAKA, IN 46545

SUBJECT: GRAVITY RESEARCH INSTITUTE, INC.

Ref. Number: W16000068009

We have received your document for GRAVITY RESEARCH INSTITUTE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 916A00021267

COVER LETTER

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

Gravity Research Institute, Inc.

FROM:

UBJECT:	:(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original a	nd one (1) copy of the Ar	ticles 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			

Name (Printed or typed)

983 David Walker Drive

Address

Tavares, Florida 32778

City, State & Zip

574 855 6113

Daytime Telephone number

Shantilalg1@juno.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)

Principal street address: 983 David Walker Drive	Mailing address, if o	different is:		
Tavares, Florida 32778			[m]	
		ALL A	2016 OC	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Scientific research pertaining to gravity.			ည် ယ် <u>P</u>	F**
		<u> </u>	8+1:-	
DTICLE W. MANNED OF FLOORION		Not App	licable.	
RTICLE IV MANNER OF ELECTION	The manner in which the directors are elected and appoin	nted: Not App	licable.	
RTICLE IV MANNER OF ELECTION Mar GORATIA 15 Stated in the bylaws:	The manner in which the directors are elected and appoin	of direc	ctors	
Stated in the bylaws	THE DALY ONE Election	nted: Not App of direc	licable .	s is
Stated in the bylaws: RTICLE V INITIAL OFFICERS AND/OI	THE DALY ONE Election	of dire	dors	s is
Stated in the bylaws: RTICLE V INITIAL OFFICERS AND/OI	R DIRECTORS	of dire	ctors	s is
Stated in the bylaws RTICLE V INITIAL OFFICERS AND/OI lame and Title: 983 David Walker Drive	R DIRECTORS Name and Title:	of dire	tors	s is
Stated in the bylaws: Stated in the bylaws: RTICLE V INITIAL OFFICERS AND/OR lame and Title: Shantilal Goradia, President 983 David Walker Drive	R DIRECTORS Name and Title:	of dire	dors	s is
Stated in the bylaws: RTICLE V INITIAL OFFICERS AND/OF Ilame and Title: 983 David Walker Drive Tavares, Florida 32778	RDIRECTORS Name and Title: Address:	of dire	<u>c</u> tors	s is
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Name and Title:		Name and Title:	
Address			
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Name and Title:		Name and Title:	
Address			
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•••			
	REGISTERED AGENT		
The name and F	lorida street address (P.C. Box NOT accep	stable) of the registered agent is:	734 Ph.3
Name:	Shantilal Goradia		
Address:	983 David Walker Drive		ZII 16 OCT -3 BEORCTAR
	Tavares, FL 32778		yang and
	INCORPORATOR ddress of the Incorporator is:		5 · · · · · · · · · · · · · · · · · · ·
Name:	Shantilal Goradia		TUPY / CO
Address:	983 David Walker Drive		
rtaitess.	Tavares, FL 32778		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective d	other than the date of filing:	(OPTIONAL) d cannot be more than five business days p	orior or 90 business days
after the filing.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	e inserted in this block does not meet the appetive date on the Department of State's record	plicable statutory filing requirements, this dated	te will not be listed as the
Having been nat certificate, I am j	med as registered agent to accept service of familiar with and accept the appointment as	of process for the above stated corporation of segistered agent and agree to act in this cap	at the place designated in i
	S. Required Signature of Registered	09/	/28/2016
	Required Signature of Registered	Agent	Date
I submit this doc to the Departmen	ument and affirm that the facts stated herei nt of State constitutes a third degree felony a	in are true. I am aware that any false inform as provided for in s.817.155, F.S.	ation submitted in a docum
-	_		/28/2016
	S - Required Signature of Incorp	porator	Date