## N16000011409

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(Document Number)				
Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

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

SUBJECT: OHARAT GEVAGHRAM SANGHA OF NORTH AMERICA, INC. (FLORIDA)

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$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: SWAMI AMARNATHANANDA Name (Printed or typed)						

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

3490 ROUTE 27

Address

KENDALL PARK, NEW JERSEY 08824

City, State & Zip

732-422-8880(L)/347735 2984 (CELL)

Daytime Telephone number

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)

3			CFLORIDA
3	Principal street address:		Mailing address, if different is:
	846 SORREL VINE DE	<u> </u>	
M	ESLEY CHAPEL, FL. 3	3544	
	I PURPOSE	***	OTHER
			IN, YOGA AND SPIRITUAL
			SES, ART AND COLTURE,
			SPIRITUAL CONDUCT
_AND_	PRACTICES. TEAC	HING OF	ANCIENT RELIGIOUS TEXTS.
	/ MANAGE OF STREET	2 12 1 41 - 42 -	
			etors are elected and appointed: DIRECTORS WILL
BE ELE	ECTED AND APPOINTED BY	THE MEM	BERS OF THE ORGANIZATION.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS .	
	BUDDHADEB BASU		C =41= 4.4. = -
Name and Ti	the: (CHAIRMAN)	Name and Title:	
A dal	3846 SORREL VINE DR.		C PRESIDENT )
Audress	3546 SURREL VINE DR.		3301 E HERITAGE COVE DR.
Address	WESLEY CHAPEL		ST. AUGUSTINE
Address			3301 E HERITAGE COVE DR.
	WESLEY CHAPEL FL. 33544	Name and Title:	ST. AUGUSTINE  FL. 32092.  ANAMO K DWARKANAUTH
Name and Ti	WESLEY CHAPEL FL. 33544.  IIC: SWAMI AMARNATHANANDA ( TREASURER )	Name and Title:	ST. AUGUSTINE  FL. 32092.  ANAMO K DWARKANAUTH
Name and Ti	WESLEY CHAPEL FL. 33544.  THE SWAMI AMARNATHANANDA ( TREASURER ) 3490 ROUTE 27	Name and Title:	3301 E HERITAGE COVE DR.  ST. AUGUSTINE  FL. 32092.  ANAND K. DWARKANAUTH  \$301 REVEILLE RD.
Name and Ti	WESLEY CHAPEL FL. 33544.  TREASURER) 3490 ROUTE 27  KENDALL PARK	Name and Title:	ST. AUGUSTINE  FL. 32092.  ANAND K. DWARKANAUTH  \$301 REVEILLE RD.  ORLANDO, FL. 32809.
Name and Ti	WESLEY CHAPEL FL. 33544.  IIIC: SWAMI AMARNATHANANDA (TREASURER) 3490 ROUTE 27  KENDALL PARK NJ 08824.	Name and Title: Address:	ST. AUGUSTINE  FL. 32092.  ANAND K. DWARKANAUTH  \$301 REVEILLE RD.  ORLANDO, FL. 32809.
Name and Ti Address Name and Ti	WESLEY CHAPEL FL. 33544.  IIC: SWAMI ANARNATHANANDA (TREASURER) 3490 ROUTE 27  KENDALL PARK NJ 08824.	Name and Title: Address: Name and Title:	ST. AUGUSTINE  FL. 32092.  ANAND K. DWARKANAUTH  \$301 REVEILLE RD.  ORLANDO, FL. 32809.
Address	WESLEY CHAPEL FL. 33544.  IIIC: SWAMI AMARNATHANANDA (TREASURER) 3490 ROUTE 27  KENDALL PARK NJ 08824.	Name and Title: Address: Name and Title:	ST. AUGUSTINE  FL. 32092.  ANAND K. DWARKANAUTH  \$301 REVEILLE RD.  ORLANDO, FL. 32809.

Name and Title:	Name and Title:				
Address	Address:	FILED			
		2016 NOV 28 AM 8: 40			
<del></del>		SECAE LARY OF STATE			
Name and Title:	Name and Title:				
Address	Address:				
	<del></del>				
ADDICE ON A DESCRIPTION OF A SERVICE					
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent	is:			
Name: BUDDHADEB	BUDDHADER BASU				
Address: 3846 SORRE	L VINE DR.				
WEGLEY CHA	APEL . FL. 33544 .				
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:					
Name: SWAMI AMARN	ATHANANDA				
Address: 3490 RouT	0/0 - D At				
KENDALL PAI	RK, NJ 08824.				
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be after the filing.)	specific and cannot be more than five	IONAL) business days prior or 90 business days			
Note: If the date inserted in this block does not document's effective date on the Department of		irements, this date will not be listed as the			
Having been named as registered agent to acc certificate, I am familiar with and accept the ap	pointment as registered agent and agree				
Buddhadle Bernard Signature of	en	11/24/16			
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 de					
Swami Amarnathane Required Signat	ure of Incorporator	NOVEMBER 23,2016.			