

N 24 000006097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

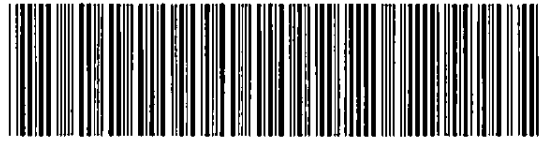
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

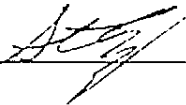
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NAVAKERALA MALAYALI

ASSOCIATION, INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: NAVAKERALA MALAYALI ASSOCIATION, 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: susheel nalakath
Name (Printed or typed)

9077 nw 44th ct
Address

coral springs fl 33065
City, State & Zip

954-494-5764
Daytime Telephone number

sk.nalakath@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: NAVAKERALA MALAYALI ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9077 nw 44th ct

Mailing address, if different is:

Coral Springs Fl - 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promote cultural, educational and social activities, encourage & revitalize

the traditional arts and crafts of immigrants from Kerala state of India. Establish better friendship between kerala communities of

Florida and those in homeland Foster friendship among Indians and Americans., Provide financial and in kind support to

communities at the time of a natural calamity to any needy person regardless of age, sex, religion or national origin.

Preserve, foster and transmit the unique heritage (moral, social, cultural, educational & artistic) to the coming generations.

Raise, solicit donations and receive funds for charities to carry worthy humanitarian activities.

Organization debates, lectures, exhibitions, research works, entertainments, meetings and conventions to communities together

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by the general body

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susheel Nalakath - president

Name and Title: Lejo Paniker - secratery

Address 9077 nw 44th ct coral springs fl 33065

Address: 4815 kensington circle

coral springs fl 33076

Name and Title: Simon Parathazham - Treasurer

Name and Title: _____

Address 5383 NW 126th Dr

Address: _____

Coral springs Fl 33065

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: susheel nalakath _____

Address: 9077 nw 44th ct _____

coral springs fl 33065 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: susheel nalakath _____

Address: 9077 nw 44th ct _____

coral springs fl 33065 _____

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 days prior or 90 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

05/23/24

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

05/23/24

Date

2024