

OFFICIAL RECORD
Date: 04/03/2023
Rec#: 376951

Department of Health • Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.



2023-005574

APPLICATION NUMBER

STATE OF FLORIDA, COUNTY OF MIAMI-DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the
original on file in this office 04/03 AD 20 23
LUIS G. MONTALDO, Clerk Ad Interim of Circuit and County Courts
Deputy Clerk Dava Milson



APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) NAGA VENKATA SOMESWARA RAO (NMN) GONABOYINA		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) JUN-10-1993
3a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI	3b. COUNTY MIAMI DADE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) INDIA
5. NAME OF SPOUSE (First, Middle, Last) PURNADIVYA (NMN) THURAGA		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) AUG-27-1987
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI	7b. COUNTY MIAMI DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) INDIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO
LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF SPOUSE (Sign full name using black ink) ▶ <u>G. Soma Rao</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-23-2023
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ <u>[Signature]</u>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) ▶ <u>T. Purnadivya</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-23-2023
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ <u>[Signature]</u>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON ONLY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE
STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE
EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED MAR-23-2023	19a. DATE LICENSE EFFECTIVE MAR-26-2023	19. EXPIRATION DATE MAY-21-2023
20a. SIGNATURE OF COURT CLERK OR JUDGE ▶ <u>Juis G. Montalbo</u>		20b. TITLE CLERK AD INTERIM	20c. BY D.C. <u>D.E</u>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) <u>APR 03 2023</u>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <u>MIAMI BEACH BRANCH COURT</u>
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) ▶ <u>[Signature]</u>	23c. ADDRESS (of person performing ceremony) <u>11 EAST 6th ST., MIAMI BEACH, FL 33130</u>
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) <u>Dava Milson</u> <u>DEPUTY CLERK COUNTY COURT</u>	24. SIGNATURE OF WITNESS TO CEREMONY ▶ 25. SIGNATURE OF WITNESS TO CEREMONY ▶

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER <u>657-42-4170</u>	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS "YES" TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
30. SOCIAL SECURITY NUMBER <u>674-69-9689</u>	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE <u>1</u>	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	29c. DATE LAST MARRIAGE ENDED
			IF ANSWER IS "YES" TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
			33a. NO. OF THIS MARRIAGE <u>1</u>	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	33c. DATE LAST MARRIAGE ENDED