

N16000009613

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~6016-63386~~

Office Use Only



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09/06/16--01006--015 **78.75

FILED
2016 SEP 29 AM 8:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

V HERRING
SEP 30 2016

COVER LETTER

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

SUBJECT: Kaivalya Ayurveda, 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: Roberto Portocarrero
Name (Printed or typed)

138 NE 1st Ave
Address

Hallandale Beach, FL 33009
City, State & Zip

(786) 343-7066
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2016

ROBERT PORTOCARRERO
138 NE 1ST AVE
HALLANDALE BEACH, FL 33009

SUBJECT: KAIVALYA AYURVEDA, INC.
Ref. Number: W16000063386

We have received your document for KAIVALYA AYURVEDA, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved nonprofit corporation. The name of a voluntarily dissolved nonprofit Florida corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 016A00019537

Kaivalya Ayurveda, Inc.
138 NE 1st Ave
Hallandale Beach, FL 33009

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

To Whom It May Concern,

On August 30, 2016, I, Roberto Portocarrero, the sole owner and president of Kaivalya Ayurveda, Inc. voluntarily dissolved the S Corporation Kaivalya Ayurveda, Inc., document number P14000047348. I have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Thank you,

Roberto Portocarrero
President
Kaivalya Ayurveda, Inc.



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

ARTICLE I NAME

The name of the corporation shall be: Kaivalya Ayurveda, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
138 NE 1st Ave
Hallandale Beach, FL 33009

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 29 AM 8:08

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help spread the seed of ayurvedic wisdom
to a modern society through lifestyle counseling, health workshops,
meditation, yoga, and ayurvedic treatments.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
is set forth in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Portoarrero/President
Address: 138 NE 1st Ave
Hallandale Beach, FL 33009

Name and Title: Olga Smith/Treasurer
Address: 1000 NE 14th Ave
Hallandale Beach, FL 33009

Name and Title: Paola Cortinez/Secretary
Address: 9770 NW 24th
Sunrise, FL 33322

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: Roberto Portocarrero
Address: 138 NE 1st Ave
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Roberto Portocarrero
Address: 138 NE 1st Ave
Hallandale Beach, FL 33009

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

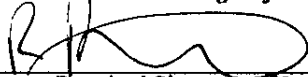


Required Signature of Registered Agent

08/30/16

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

08/30/16

Date

FILED

2016 SEP 29 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA