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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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15 JUL 28 AM 10:28
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and 7/31

COVER LETTER

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

SUBJECT: Mind Gym, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mitchell L. Swergold

Name (Printed or typed)

1408 Brickell Bay Dr. #1409

Address

Miami, FL 33131

City, State & Zip

917-930-8723

Daytime Telephone number

mswergold@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Mind Gym, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

1408 Brickell Bay Dr. #1409

Miami, FL 33131

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide public speaking, training, education and coaching services and programs to individuals, groups, organizations, charities and corporations.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mitchell L. Swergold, President & Director

Name and Title: _____

Address 1408 Brickell Bay Dr. #1409

Address: _____

Miami, FL 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Mitchell L. Swergold

Address: 1408 Brickell Bay Dr. #1409

Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Mitchell L. Swergold

Address: 1408 Brickell Bay Dr. #1409

Miami, FL 33131

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 business days prior or 90 business 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

Mitchell L. Swergold
Required Signature/Registered Agent

7/23/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Mitchell L. Swergold
Required Signature/Incorporator

7/23/15
Date