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COVER LETTER

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

SUBJECT: Solantis Institute, 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: Rev. Dr. Luke MoonOak

Name (Printed or typed)

POB 6003

Address

Gainesville, Florida 32627

City, State & Zip

3523789659

5602 SW ~~Delaware~~ Telephone number

solantisinstitute@yahoo.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

Solantis Institute, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5602 SW 17 Drive
Gainesville, Florida
32608

Mailing address, if different is:
POB 6003
Gainesville, Florida
32627

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Solantis Institute, Inc. is an educational, research, and publishing entity dedicated to spiritual and planetary transformation.

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

As described in the corporate bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Dr. Luke MoonOak, President
Address: 5602 SW 17 Drive
Gainesville, Florida
32608

Name and Title: Dr. D. Maria Corrales, Vice President
Address: POB 6003
Gainesville, Florida
32627

Name and Title: Arian Chase, Secretary
Address: POB 6003
Gainesville, Florida
32627

Name and Title: Gabriel Dulce-Mitchell, Officer
Address: POB 6003
Gainesville, Florida
32627

Name and Title: Tammen Chase, Treasurer
Address: 730 NE 10 PL
Gainesville, Florida
32601

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

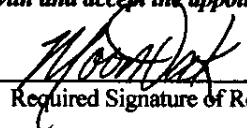
Name: Rev. Dr. Luke MoonOak
Address: 5602 SW 17 Drive
Gainesville, Florida
32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. Dr. Luke MoonOak
Address: 5602 SW 17 Drive
Gainesville, Florida
32608

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

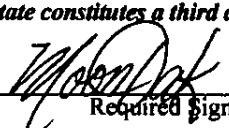


Required Signature of Registered Agent

May 1, 2012

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

May 1, 2012

Date