(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Filing Sector			
SUBJECT:	The A	ncient Wisdom of	Yoga, Inc.	
	·		ation - must include suffix	
Dear Sir or N	/ladam:	•		
"Certificate of	of Existence		for Authorization to Transac Standing" and check are subn siness in Florida.	
Please return	all corresp	ondence concerning this ma	atter to the following:	
John M.	Hemen	way		
		Name	e of Person	
Bivins 8	Heme،	nway, P.A.		
		Firm/G	Company	
1060 BI	ooming	dale Ave		
		A	ddress	,
Valrico, I	FL 3359	6	•	<u> </u>
		•	ate and Zip code	
jhemenwa	ay@bhp	alaw.com		
		E-mail address: (to be us	sed for future annual report no	otification)
For further in	nformation	concerning this matter, plea	ase call:	
laba M	l lomeom:		0.40.4000	
John M.	ne of Persor	way at (813	3 643-4900 rea Code & Daytime Telepho	ana Numbar
ivan	ie of Persor	Ι Α.		me Number
New Divi Clift 2661	Filing Sect sion of Cor on Building	porations 3 Center Circle	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is a	check for t	the following amount:		
\$70.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	•	ame adopted for the purpose of transacting business in Florida)
Wyoming		_ _{3.} <u>45-4788056</u>
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
March 13, 2		5. Perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		<u>對為富力</u>
		ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
11954 Boy	ette Rd, Riverview, FL 3356	and the same
	(Principal office	
15820 Sor	awater Dr, Lithia, FL 3354	17
	(Current mailing	address)
' 	Il lawful business	
(Purpose(s) of corporation authorized in home state c	or country to be carried out in state of Florida)
Name and street	et address of Florida registered agent: ((P.O. Box NOT acceptable)
Name:	John M. Hemenway	
office Address:	1060 Bloomingdale Ave	
	Valrico	, Florida 33596 (Zip code)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS 12 MAR 20 PH 1: 06 Chairman: Address: Director: Henry Huta Address: 15820 Sorawater Dr. Lithia, FL 33547 Director: Sharon Huta Address: 15820 Sorawater Dr, Lithia, FL 33547 **B. OFFICERS** President: Henry Huta Address: 15820 Sorawater Dr, Lithia, FL 33547 Vice President: Address: _ Secretary: Sharon Huta Address: 15820 Sorawater Dr, Lithia, FL 33547 Treasurer: Henry Huta Address: 15820 Sorawater Dr, Lithia, FL 33547 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Henry Huta, President

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

FILES

12 MAR 20 PM 1: 06

SECRETARY OF STATE

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

The Ancient Wisdom of Yoga, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 13**, **2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000618727**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of March, 2012 at 4:28 AM. This certificate is assigned 011780420.



Mas Massiele Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.