

N12000004093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

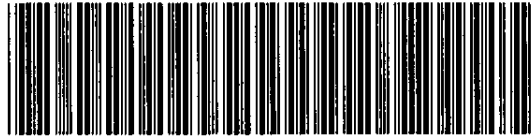
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300228798183

04/13/12--01008--005 **78.75

FILED

12 APR 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Sebbie Williams
GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article I & III
DATE 4/20/12
DOC. # 1025

Office Use Only

MRB
4/20/12

COVER LETTER

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

SUBJECT: GOOD KARMA BOTANICA, 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: DEBBIE WILLIAMS
Name (Printed or typed)

20283 STATE RD 7 STE #400
Address

BOCA RATON, FL 33498
City, State & Zip

561-404-2995
20283 STATE RD 7 STE #400
City, State & Zip

GKB01@LIVE.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

April 16, 2012

DEBBIE WILLIAMS
20283 STATE RD 7
STE #400
BOCA RATON, FL 33498

SUBJECT: GOOD KARMA BOTANICA, INC DBA GKB, INC
Ref. Number: W12000020975

We have received your document for GOOD KARMA BOTANICA, INC DBA GKB, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 312A00011860

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

FILED

12 APR 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from

ARTICLE I NAME GOOD KARMA BOTANICA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
20283 STATE ROAD 7 STE #400
BOCA RATON, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TEACHING THE GOSPEL AND IMPORTING AND SUPPLYING OF RELIGIOUS ARTICLES AND NEW AGE SHOP

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

APPOINTED BY REGISTERED AGENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: -DIRECTOR-
Address: STEPHANIE MICHELET
806 STEPHANIE LANE
WINNEBAGO, IL 61088

Name and Title: -DIRECTOR-
Address: ROSALIE DOMIANO
20283 STATE RD 7 STE #400
BOCA RATON, FL 33498

Name and Title: -DIRECTOR-
Address: ANN RIES
408 N ELIDA ST
WINNEBAGO, IL 61088

Name and Title: _____
Address: _____

Name and Title: -DIRECTOR-
Address: DONNA HACKBART
8957 SE 143 RD LANE
SUMMERFIELD, FL 33491

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: DEBBIE WILLIAMS
Address: 20283 STATE RD 7 STE #400
BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSALIE DOMIANO
Address: 20283 STATE RD 7 STE #400
BOCA RATON, FL 33498

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

Debbie Williams

Required Signature of Registered Agent

04/11/2012

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.

Rosalie Domiano

Required Signature of Incorporator

04/11/2012

Date