(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Glob of Mind over Matter Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed is an original ar	(PROPOSED CORPORATE						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate				
FROM: Floyd Bostic Name (Printed or typed)  3500 Windmeadow Blud Por 23 Address							
City, State & Zip  786 397 3785  Daytime Telephone number							

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the	e corporation shall be:	nd over matt	er Inc.		
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address:	Maili	ng address, if differ	entrisico 🚓	
	3500 windnesdow Blud Ayl		. 1.	70	
	Gamesville El 32608		· · · · · · · · · · · · · · · · · · ·	29	Service of the
					<u> </u>
	PURPOSE or which the corporation is organized is:	to distribute	e aucuhon	of the	ŗ,
	ess power of the mind		•	•	
	and to let the gen				
	e industrand that the				
unpar	calleted through mired to matter what pro	From this	s world	to the	
				•	come
100	- and that every one is	special.			
	MANNER OF ELECTION The manner in				
	Menner in which the d.  1 be election through the  INITIAL OFFICERS AND/OR DIRECTO		at officers	and Dire	ated cours.
Name and Title	e: Floyd 13-stic president Name	and Title:			
	3500 wind meadow Blud Addr				
	Garreville Planda 32609	<del> </del>			
Name and Title	e:Name	and Title:			
Address	Addro	ess:			
		·			
Name and Title	e: Name	and Title:			
Address	Addre	ess:			
		<del></del>			

Name and Title:		Name and Title:	<del></del> _		
Address		Address:			
		Address:			
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT accept	able) of the registered agent is:	22.0		
Name:	Floyd Bostic		The same of the sa	APR	'n
Address:	3500 Wind meadow	Blud Mys 23		29	
	Connesona Florida	<u>32</u> 609		# B	
ARTICLE VII The name and add	INCORPORATOR ress of the Incorporator is:			: 25	τ.
Name:	Floyd Boshi				
Address:	3500 Windreadon R Garante Florida	37908 22+623			
	ed as registered agent to accept service o miliar with and accept the appointment as	registered agent and agree to act in the		esignated in	this
			4/28/10	1	
Required Signature of Registered Agent		Agent	Date		
	nent and affirm that the facts stated herein of State constitutes a third degree felony a:		nformation submitte	d in a docui	ment
	~		4/29/14		
	Required Signature of Incorp	orator	Date		